



IMPORTANT NOTICE OF HEALTH REQUIREMENTS FOR KINDERGARTEN

ALL PHYSICAL EXAMS DUE JULY 1st

(No admittance on the first day of school without physical exam on file in health office)

The State of Illinois and Palos Consolidated School District 118 **require** that each student **provide proof** of having met the following health requirements for school:

1. **EVIDENCE OF A PHYSICAL EXAMINATION** by a State Licensed Health Care Provider (using the “Certificate of Child Health Examination” form) within one year of entering school.
2. **MEDICAL VERIFICATION OF COMPLETE IMMUNIZATION HISTORY**, which states month, day, year, and signature of the doctor or nurse for each immunization below.
 - a. DTP/DTaP: At least 4 doses (Note: Last dose MUST BE A BOOSTER AFTER THE 4th BIRTHDAY)
 - b. POLIO: At least 4 doses of the same type of Polio vaccine (Note: Last dose MUST BE A BOOSTER ON OR AFTER THE 4th BIRTHDAY)
 - c. HEPATITIS B: A series of three doses
 - d. VARICELLA: One dose on or after 12 months of age and the second dose no sooner than one month later (may have laboratory proof or verification of disease by Health Care Provider)
 - e. MEASLES: The first dose after 12 months of age and the second dose no sooner than one month later (may have laboratory proof or verification of disease by Health Care Provider)
 - f. MUMPS: One dose on or after 12 months of age and the second dose no sooner than one month later (may have laboratory proof or verification of disease by Health Care Provider)
 - g. RUBELLA: One dose on or after 12 months of age and the second dose no sooner than one month later (may have laboratory proof)
3. **MEDICAL VERIFICATION OF DIABETES SCREENING IS REQUIRED.**
4. **MEDICAL VERIFICATION OF LEAD SCREENING IS REQUIRED.** If screening determines the student is at risk, proof of blood testing, according to the Illinois Department of Public Health, is also required.
5. **APPROVAL OF PARTICIPATION IN PHYSICAL EDUCATION** near the bottom of the page must be checked by the health care provider with modifications, if needed.
6. **HEALTH HISTORY** to be completed and signed by a parent/guardian and verified by the health care provider.

Please be sure that the physical form is completed entirely BEFORE you leave the doctor’s office.

7. **COMPLETED DENTAL EXAMINATION** due by **May 15th** of the school year.
8. **COMPLETED VISION EXAMINATION** due by **October 15th** of the school year.