

## **Health Requirements 2024-2025**

Rev. 1-24

School Starts August 13, 2024, tentative requirements pending any IDPH updates for next year.

Students will be excluded from school if they do NOT have the following requirements on file by the first day of school. Schedules will be held for students in grades 7-12 until all health requirements are turned in.

	Physical Exam	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health
	1 Hysical Exam	history & parent signature
Preschool/ Early Childhood	DPT	4 doses
	Polio (IPV)	3 doses
	Hib	1 dose after 15 months (or completed series by 12 months)
	MMR	1 dose (after 12 months)
	Varicella	1 dose (after 12 months)
	Hepatitis B	3 doses (third dose after 6 mos of age)
	Pneumococcal	Primary series, or proof of 1 dose after 24 months
	Lead screening/testing	Testing required for students residing in 60120 zip code
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	Physical Exam	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health
	, , , , , , , , , , , , , , , , , , , ,	history & parent signature
Kindergarten	DPT	4 doses (last one after 4 <sup>th</sup> birthday)
and students	Polio (IPV)	4 doses (last one after 4 <sup>th</sup> birthday)
Entering Illinois	MMR	2 doses (after 12 months)
school for 1 <sup>st</sup> time	Varicella	2 doses (after 12 months)
	Lead screening/testing	Testing required for students residing in 60120 zip code
	Vision Exam	Completed by Optometrist, Ophthalmologist or physician who provides
		complete eye exams. Due by October 15.
	Dental Exam	Completed by licensed dentist. Due by May 15.
	Johns Zham	
2 <sup>nd</sup> Grade		Completed by licensed dentist. Due by May 15.
2 <sup>nd</sup> Grade	Dental Exam	Completed by licensed dentist. Due by May 15.
2 <sup>nd</sup> Grade		Completed by licensed dentist. Due by May 15.  Dated after 8/13/2023. Must include Diabetes screening/BMI, Health
	Dental Exam	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature
	Dental Exam  Physical Exam  Tdap	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be on or after the 11 <sup>th</sup> birthday)
	Dental Exam  Physical Exam	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature
2 <sup>nd</sup> Grade 6 <sup>th</sup> Grade	Dental Exam  Physical Exam  Tdap	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be on or after the 11 <sup>th</sup> birthday)  2 doses (after 12 months)  2 doses (after 12 months)
	Dental Exam  Physical Exam  Tdap  MMR	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be on or after the 11 <sup>th</sup> birthday)  2 doses (after 12 months)  2 doses (after 12 months)  Proof of having received one dose on or after the 11 <sup>th</sup> birthday.
	Physical Exam  Tdap MMR Varicella	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be on or after the 11 <sup>th</sup> birthday)  2 doses (after 12 months)  2 doses (after 12 months)
	Dental Exam  Physical Exam  Tdap  MMR  Varicella  Meningococcal	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be on or after the 11 <sup>th</sup> birthday)  2 doses (after 12 months)  2 doses (after 12 months)  Proof of having received one dose on or after the 11 <sup>th</sup> birthday.
	Dental Exam  Physical Exam  Tdap MMR  Varicella Meningococcal Hepatitis B	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be on or after the 11 <sup>th</sup> birthday)  2 doses (after 12 months)  2 doses (after 12 months)  Proof of having received one dose on or after the 11 <sup>th</sup> birthday.  3 doses (third dose after 6 mos of age)
	Dental Exam  Physical Exam  Tdap MMR  Varicella Meningococcal Hepatitis B Dental Exam	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be on or after the 11 <sup>th</sup> birthday) 2 doses (after 12 months) 2 doses (after 12 months) Proof of having received one dose on or after the 11 <sup>th</sup> birthday. 3 doses (third dose after 6 mos of age) Completed by licensed dentist. Due by May 15.
	Dental Exam  Physical Exam  Tdap MMR  Varicella Meningococcal Hepatitis B	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be on or after the 11 <sup>th</sup> birthday) 2 doses (after 12 months) 2 doses (after 12 months) Proof of having received one dose on or after the 11 <sup>th</sup> birthday. 3 doses (third dose after 6 mos of age) Completed by licensed dentist. Due by May 15.  Dated after 8/13/2023. Must include Diabetes screening/BMI, Health
6 <sup>th</sup> Grade	Dental Exam  Physical Exam  Tdap MMR  Varicella Meningococcal Hepatitis B Dental Exam	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be on or after the 11 <sup>th</sup> birthday) 2 doses (after 12 months) 2 doses (after 12 months) Proof of having received one dose on or after the 11 <sup>th</sup> birthday. 3 doses (third dose after 6 mos of age) Completed by licensed dentist. Due by May 15.
6 <sup>th</sup> Grade	Physical Exam  Tdap MMR Varicella Meningococcal Hepatitis B Dental Exam  Physical Exam  Tdap	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be on or after the 11 <sup>th</sup> birthday) 2 doses (after 12 months) 2 doses (after 12 months) Proof of having received one dose on or after the 11 <sup>th</sup> birthday. 3 doses (third dose after 6 mos of age) Completed by licensed dentist. Due by May 15.  Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature 1 dose (must be after age 10)
6 <sup>th</sup> Grade	Physical Exam  Tdap MMR Varicella Meningococcal Hepatitis B Dental Exam  Physical Exam  Tdap MMR	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be on or after the 11 <sup>th</sup> birthday)  2 doses (after 12 months)  2 doses (after 12 months)  Proof of having received one dose on or after the 11 <sup>th</sup> birthday.  3 doses (third dose after 6 mos of age)  Completed by licensed dentist. Due by May 15.  Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be after age 10)  2 doses (after 12 months)
6 <sup>th</sup> Grade	Physical Exam  Tdap MMR Varicella Meningococcal Hepatitis B Dental Exam  Physical Exam  Tdap MMR Varicella	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be on or after the 11 <sup>th</sup> birthday)  2 doses (after 12 months)  2 doses (after 12 months)  Proof of having received one dose on or after the 11 <sup>th</sup> birthday.  3 doses (third dose after 6 mos of age)  Completed by licensed dentist. Due by May 15.  Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be after age 10)  2 doses (after 12 months)  2 doses (after 12 months)
6 <sup>th</sup> Grade	Physical Exam  Tdap MMR Varicella Meningococcal Hepatitis B Dental Exam  Physical Exam  Tdap MMR Varicella Meningococcal	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be on or after the 11 <sup>th</sup> birthday)  2 doses (after 12 months)  2 doses (after 12 months)  Proof of having received one dose on or after the 11 <sup>th</sup> birthday.  3 doses (third dose after 6 mos of age)  Completed by licensed dentist. Due by May 15.  Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be after age 10)  2 doses (after 12 months)  2 doses (after 12 months)  Proof of one dose after age 11
6 <sup>th</sup> Grade	Dental Exam  Tdap MMR Varicella Meningococcal Hepatitis B Dental Exam  Physical Exam  Tdap MMR Varicella Meningococcal Hepatitis B Dental Exam	Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be on or after the 11 <sup>th</sup> birthday)  2 doses (after 12 months)  2 doses (after 12 months)  Proof of having received one dose on or after the 11 <sup>th</sup> birthday.  3 doses (third dose after 6 mos of age)  Completed by licensed dentist. Due by May 15.  Dated after 8/13/2023. Must include Diabetes screening/BMI, Health history & parent signature  1 dose (must be after age 10)  2 doses (after 12 months)  2 doses (after 12 months)  Proof of one dose after age 11  3 doses (third dose after 6 mos of age)
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