

## ITASCA SCHOOL DISTRICT 10

### **HEALTH REQUIREMENTS FOR CHILDREN ENTERING K-PREP (PRESCHOOL)**

Illinois State Law requires that children entering preschool have the following items on file. *Please use the enclosed form and ensure that all sections of the form are complete before you leave your health care provider's office.*

**IMMUNIZATIONS: STATE REGULATION – MANDATORY** Dates of ALL vaccinations must be on the form.

- **DPT or DtaP-Diphtheria, Pertussis & Tetanus:** Three doses by one year of age, spaced at least 4 weeks apart. One additional dose by the 2<sup>nd</sup> birthday.
- **Polio:** Two doses by one year of age, spaced at least 4 weeks apart. One additional dose by the 2<sup>nd</sup> birthday.
- **Hepatitis B:** Total of 3 doses with 4 weeks between the 1<sup>st</sup> two doses, and at least two months between the 2<sup>nd</sup> and 3<sup>rd</sup> dose and four months between the 1<sup>st</sup> and 3<sup>rd</sup> dose.
- **HIB-Hemophilus Influenza B:** A series of 1-4 doses, depending on the age the series was begun, and the manufacturer of the vaccine.
- **MMR-Measles, Mumps, Rubella:** A minimum of 1 dose given on or after the first birthday, but prior to 24 months of age.
- **Chicken Pox/Varicella:** 1 dose given on or after the 1<sup>st</sup> birthday or verification of the disease by your health care provider.
- **Invasive Pneumococcal:** 1 to 3 doses, depending on the child's age and the manufacturer of the vaccine.
- **Health Care Provider:** signature is required to verify immunizations.

### **PHYSICAL EXAMINATION**

- Must include blood pressure, height, weight and BMI.
- Requires date and physician's signature on physical exam portion of form.
- Physician must indicate approval for physical education activities by checking the boxes.
- Lead Assessment - Physician must address lead risk and if screening is necessary (unless done previously and on file with the school) by checking the boxes.
- Health History - Parent must complete the health history portion of the form, sign it, and date it.
- Diabetes Screening – Diabetes screening section must be addressed by physician.

**Mail the completed form to the school office 1 month prior to 1<sup>st</sup> day of school.**

Call the school nurse at (630) 773-0554 with any questions or if your child has a special health or medication need.