

*HEALTH REQUIREMENTS for 9<sup>th</sup> GRADE*

**1. PHYSICAL EXAMINATION**

- Completed on or after August 22<sup>nd</sup>, 2015 on the form approved by both the Illinois Department of Public Health (IDPH) and the Illinois State Board of Education (the form is enclosed).
- *Please note the ONLY physical exam forms accepted are the one attached to this letter or the Child Health Examination Form labeled 2/13 or the 11/15. Other forms will not be accepted, as they do NOT meet the requirements set forth by the IDPH and ISBE.*
- Completed Physical Exam forms are **due by June 1<sup>st</sup>, 2016** to ensure you child will receive his/her class schedule during Freshman Orientation and start school on August 22<sup>nd</sup>, 2016.

**2. IMMUNIZATIONS**

- All required immunizations must accompany the physical exam form.
- Physicals must also show proof of students receiving the following immunizations:
  - i. Three doses of DTap, DT, or Td
  - ii. One dose of Tdap regardless of the interval since the last DTap, DT, Td dose
  - iii. Three polio vaccines with the last one on or after their 4<sup>th</sup> birthday
  - iv. Three doses of Hepatitis B
  - v. Two doses of Varicella (chicken pox),
  - vi. Two doses of the MMR
- If you have a religious objection to receiving the state required immunizations, there is an additional form that **MUST** be completed by the physician.
- Please visit <http://www.isbe.net/research/pdfs/immun-exam-gdlns-religious-exempt.pdf> for more information and for the **ONLY** form accepted by the state of Illinois.

**3. FRESHMAN ORIENTATION**

- Absolutely **NO** schedules will be issued to students at freshman orientation until the nurse reviews and checks in the completed physical.

**4. ADMINISTRATION OF MEDICATION**

- The only medication to be carried by a student is emergency medications for Asthma, Life Threatening Allergies, and Diabetes.
- Medication forms and care plans must be completed every school year and turned into the school nurse.
- If your child needs to take medication at school, please contact Ms. Hood to discuss the medication administration policy and the proper form(s) that will need to be filled out by the *PHYSICIAN* and *PARENT/GUARIDAN*.

**5. VISION EXAM is required for new out of state/country students**

- Ask your child's eye doctor for a copy of the Vision Exam Report and turn into the school nurse.

**6. CHRONIC MEDICAL CONDITIONS:**

- If your child has a **chronic medical condition**, please contact me to discuss the health condition in order to assist with their learning.

Our goal is to make freshman year a smooth transition for your student, thank you in advance for your help. If you have any questions please feel to contact me.

Sincerely,

Ashley Hood, RN, BSN  
PEL-CSN  
JHHS

[Ashley.hood@d214.org](mailto:Ashley.hood@d214.org)

P: 847-718-4946 F: 847-718-4951