

**MERIDIAN COMMUNITY UNIT 223
STATE HEALTH REQUIREMENTS FOR STUDENTS**

Dear Parents:

The required physical examination form is enclosed for your student. Section 7-8, Chapter 122 of the Illinois School Code requires that all pupils entering PreK or K, 6th and 9th grades must have completed the following before being admitted to school:

1. A physical examination on the specified state form. Physical exams must be completed within one year prior to school entry.
2. Immunizations required for DPT, Polio, Measles, Mumps, Rubella, and Td Booster every 10 years, Varicella and Hepatitis B Vaccine Series.
3. Physician's documentation indicating lead assessment and/or screening (for high risk zip code areas) is required at kindergarten or first entrance to a program (i.e. Early Childhood or Pre-K).
4. Physician's documentation indicating diabetes risk assessment (PreK or K, 1, 6, and 9).

KINDERGARTEN HEALTH NEEDS:

1. Required physical and recommended dental exam.
2. DPT and Polio Boosters must be given after the 4th birthday.
3. MMR (Measles, Mumps, Rubella) 2 doses of measles vaccine required:
1st dose **on** or **after** 12 months of age
2nd dose at least **one month** later
4. Varicella vaccine (Chickenpox) –1 dose **on or after** 12 months of age.
5. If the above immunizations have not been completed at the time of the physical exam, a written schedule from your physician to complete the required doses must be presented with the physical exam at the time of registration.
6. Proof of dental exam (or waiver) prior to May 15th of the school year.
7. Proof of a vision exam (or waiver) by October 15 of the school year.

2ND GRADE HEALTH NEEDS:

1. Proof of dental exam prior to May 15th of the school year.

6TH GRADE HEALTH NEEDS:

1. Required physical and recommended dental exam. Be sure physician designates approval for participation in physical education and interscholastic sports by checking the appropriate boxes on the physical form. ***This DOES fulfill the sports physical requirement for 6th grade.***
2. Hepatitis B Vaccine series completed.
3. Required immunizations current.
4. Proof of dental examination (or waiver) prior to May 15th of the school year.

9TH GRADE HEALTH NEEDS:

1. Required physical and recommended dental exam. Be sure physician designates approval for participation in physical education and interscholastic sports by checking the appropriate boxes on the physical form. ***This DOES fulfill the sports physical requirement for 9th grade.***
2. Tetanus (Tdap) Booster
3. Required immunizations current.

I urge you to make your medical, dental and vision exam appointments now to avoid difficulty obtaining an appointment later this summer. **According to the Illinois School Code, students are subject to exclusion from school on and after October 15th if the physical examination and immunization requirements have not been completed and returned to the school.**

Sincerely,

Dr. Robert Morelan
Superintendent

Kim Glendenning, RN, BSN
Director of Health Services

Revised 07/11

**Illinois Department of Public Health
PROOF OF SCHOOL DENTAL EXAMINATION FORM**



To be completed by the parent (please print):

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year) / /
Address:	Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent or Guardian:	Address (of parent/guardian):			

To be completed by dentist:

Oral Health Status (check all that apply)

- Yes No **Dental Sealants Present**
- Yes No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.
- Yes No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
- Yes No **Soft Tissue Pathology**
- Yes No **Malocclusion**

Treatment Needs (check all that apply)

- Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling
- Restorative Care** — amalgams, composites, crowns, etc.
- Preventive Care** — sealants, fluoride treatment, prophylaxis
- Other** — periodontal, orthodontic

Please note _____

Signature of Dentist _____

Date _____

Address _____
Street City ZIP Code

Telephone _____

Illinois Department of Public Health, Division of Oral Health, 535 W. Jefferson St., Springfield, IL 62761
217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • www.idph.state.il.us

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**** THIS FORM IS INTENDED FOR KINDERGARTEN, 2ND GRADE AND 6TH GRADE STATE REQUIRED EXAMS.**

**Illinois Department of Public Health
DENTAL EXAMINATION WAIVER FORM**



Please print:

Student's Name:			Birth Date: (Month/Day/Year)
Last	First	Middle	/ /
Address: Street		City	ZIP Code
			Telephone:
Name of School:		Grade Level:	Gender:
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardian:		Address (of parent/guardian):	

I am unable to obtain the required dental examination because:

- My child is enrolled in the free and reduced lunch program and is not covered by private or public dental insurance (Medicaid/KidCare).
- My child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid/KidCare).
- My child is enrolled in Medicaid/KidCare, but we are unable to find a dentist or dental clinic in our community that is able to see my child and will accept Medicaid/KidCare.
- My child does not have any type of dental insurance, and there are no low-cost dental clinics in our community that will see my child.

Signature _____

Date _____

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**** IF YOU ARE UNABLE TO FULFIL THE STATE REQUIRED EXAM, PLEASE COMPLETE THIS WAIVER AND SUBMIT TO YOUR BUILDING.**