Illinois School for the Deaf Physical Examination and Immunization Requirements

Preschool	Complete Preschool Physical Examination and all required immunizations.
Kindergarten	Complete Kindergarten <u>Physical Examination</u> and all required immunizations. Complete Kindergarten <u>Dental Examination</u> Must be turned in prior to May 15 of the current school year. Complete Kindergarten <u>Vision Examination</u> Must be turned in prior to October 15 of the current school year.
1st Grade	No additional physical/immunization requirements if up-to-date.
2nd Grade	No additional physical/immunization requirements if up-to-date. Complete 2nd grade <u>Dental Examination</u> Must be turned in prior to May 15 of the current school year.
3rd Grade	No additional physical/immunization requirements if up-to-date.
4th Grade	No additional physical/immunization requirements if up-to-date.
5th Grade	No additional physical/immunization requirements if up-to-date.
6th Grade	Complete 6th grade <u>Physical Examination</u> and all required immunizations. Complete 6th grade <u>Dental Examination</u> Must be turned in prior to May 15 of the current school year.
7th Grade	No additional physical/immunization requirements if up-to-date.
8th Grade	No additional physical/immunization requirements if up-to-date.
9th Grade	Complete 9th grade <u>Physical Examination</u> and all required immunizations. Complete 9th grade <u>Dental Examination</u> Must be turned in prior to May 15 of the current school year.
10th Grade	No additional physical/immunization requirements if up-to-date.

11th Grade	No additional physical/immunization requirements if up-to-date.	
12th Grade	Must show proof of receiving two doses of meningococcal vaccine (meningitis) with the second dose received on or after the 16th birthday.	

Parents/guardians who object to examination(s) or immunizations(s) on religious grounds must complete and submit the Illinois Certificate of Religious Exemption form. This form must be completed in its entirety by the parent/guardian and signed by the physician, advanced practice nurse or physician assistant performing the examination. The statement must set forth the specific religious belief that conflicts with the examination(s) and/or immunizations(s). Each vaccine that is objected, must be listed. The form is available on the Public Health website at www.dph.illinois.gov – search "religious exemption".

Specific Health Forms

If applicable, the following forms need to be completed and signed by your physician each year:

Authorization Forms for all Prescribed Medications		
Physician Authorization Form		
Sports Physical Exam for Participation		
Sports Physical Exam		
Action Plans for Major Medical Conditions:		
Emergency Food Allergy Action Plan		
Asthma Action Plan		
Diabetes Action Plan		
Seizure Action Plan		