



July 2017

Dear Parents of Incoming Kindergarten Students:

Looking ahead to the 2017-2018 school year, please take a moment to ensure you have the medical forms required in order for your child to begin Kindergarten in August. I have enclosed copies of the medical and dental forms that you can take to your child's appointments. The forms are also available on the school's website for downloading.

**PLEASE REVIEW THE BACK SIDE OF THIS LETTER TO REVIEW ALL REQUIREMENTS AS PRESCRIBED BY ILLINOIS LAW.** Students NOT meeting said requirements may not attend school until all obligations are fulfilled. PLEASE DO NOT IGNORE THIS IMPORTANT STEP.

**CERTIFICATE OF CHILD HEALTH EXAMINATION FORM – IMPORTANT FYI**

- \*\* Current exam must be completed after January 1, 2017
- \*\* Physician must sign all portions
- \*\* Parents must complete and sign the "Health History"
- \*\* The vaccination section must be completed by your healthcare provider. Please do not attach a separate document.

**Medication at School?**

If your child **MUST** take a medication during school hours you will need our medication packet, which includes forms to be completed by you and your child's physician. Please let me know if you need to complete a medication packet. **If your child needs to use an asthma inhaler, an "authorization for self-administration of asthma medication" MUST BE on file before the first day of school. Please contact me for a copy of this form.**

**Allergies?**

If your child has a food allergy, please contact me. I will send home, with your child, an Individual Care Plan for you and your child's physician to complete.

Thank you and I hope you and your family enjoy the rest of the summer.

Sincerely,

Heather Perez  
St. Benedict Preparatory School  
773-539-0066 EXT:

## State of Illinois

### Physical and Immunization Requirements for Students Entering KINDERGARTEN

1. HEALTH EXAMINATION – conducted within one year
  - Physical Exam – signed and dated by doctor
  - Immunizations – signed and dated by doctor
  - Medical History – filled out and signed by a parent
  - Physical Education –checked off by doctor
  - **Mandatory Diabetes Risk Assessment**
  
2. REQUIRED IMMUNIZATIONS
  - DPT – 4 or more doses – last booster after 4<sup>th</sup> birthday
  - Polio – 3 or more doses - last booster after 4<sup>th</sup> birthday
  - MMR – 2 doses – 1<sup>st</sup> dose after 12 months, 2<sup>nd</sup> dose no less than one month later
  - Varicella Vaccine/Chickenpox - on or after 1<sup>st</sup> birthday (or proof of disease and date documented by doctor)
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3. STATE REQUIRED LEAD ASSESSMENT QUESTIONNAIRE. **FOR THOSE LIVING IN ZIP CODE 60456, A LEAD BLOOD TEST IS REQUIRED.** The health form must indicate the date the assessment/test was administered by your doctor.
  
4. DENTAL EXAMINATION
  
5. EYE EXAMINATION by an ophthalmologist – required by state law as of January 1, 2008.
  
6. TUBERCULOSIS SKIN TEST (Mantoux type) – **strongly recommended**

Students not meeting the above requirements will be **EXCLUDED** from school.

