



## EAST MAINE SCHOOL DISTRICT 63

Dear Parent/Guardian,

All students entering sixth grade in August are **required** by the State of Illinois to have a completed Certificate of Child Health Examination form including the immunization portion submitted to the nurse's office before school starts in August. **Your child will not be able to start school without this required information.**

In addition, a completed Dental Examination Form will be due by May of the current school year.

Please make sure your doctor uses the Illinois Certificate of Child Health Examination form (rev. 11/2015), which has two pages. This includes the Diabetes Screening, Lead Risk Questionnaire, and the Tuberculosis screening, which will be completed by the health care provider. The medical history is located at the top of the back of the form and is completed and signed by the parent/guardian.

Proof of the following immunizations must be included on the Health Examination form:

<b>Diphtheria</b> 3 or more doses, last one after 4 <sup>th</sup> birthday	<b>Rubella</b> 2 doses after 1 <sup>st</sup> birthday
<b>Pertussis</b> 3 or more doses, last one after 4 <sup>th</sup> birthday	<b>Varicella</b> 2 doses after 1 <sup>st</sup> birthday
<b>Tetanus</b> 3 or more doses	<b>Hepatitis B</b> 3 doses at proper interval
<b>Polio</b> 3 or more doses, last one after 4 <sup>th</sup> birthday	<b>Meningococcal Conjugate</b> 1 dose at entry to 6 <sup>th</sup> grade after 11 <sup>th</sup> birthday
<b>Measles</b> 2 doses after 1 <sup>st</sup> birthday	<b>Tdap</b> 1 dose at entry to 6 <sup>th</sup> grade regardless of interval since last DTaP orTdap
<b>Mumps</b> 2 doses after 1 <sup>st</sup> birthday	

A child that does not have the **completed Certificate of Child Health Examination form** including the **immunization portion** on file in the nurse's office by **the first day of school in August will be excluded from school.** Notes from doctors with appointment dates after the first day of school will not be accepted.

Always keep a copy of your child's medical records at home.

Thank you very much for your prompt attention to this health requirement. If you have any questions, or if you need a list of local agencies that provide physicals/immunizations/sports exams, please contact the nurse at your child's school.

Leslie White, RN, BSN, PEL-CSN  
Coordinator of School Health Services

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Signature of Treating Nurse/Health Clerk

Date

Phone Number

Dr. Scott Clay, Superintendent

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