

Health Requirements 2025-2026

Rev. 1-25

School Starts August 11, 2025, tentative requirements pending any IDPH updates for next year.

Students will be excluded from school if they do NOT have the following requirements on file by the first day of school. Schedules will be held for students in grades 7-12 until all health requirements are turned in.

-	Physical Exam	Dated after 8/11/2024. Must include Diabetes screening/BMI, Health
	1 Hysical Exam	history & parent signature
Preschool/	DPT	4 doses
Early Childhood	Polio (IPV)	3 doses
	Hib	1 dose after 15 months (or completed series by 12 months)
	MMR	1 dose (after 12 months)
	Varicella	1 dose (after 12 months)
	Hepatitis B	3 doses (third dose after 6 mos of age)
	Pneumococcal	Primary series, or proof of 1 dose after 24 months
	Lead screening/testing	Testing required for students residing in 60120 zip code
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	Physical Exam	Dated after 8/11/2024. Must include Diabetes screening/BMI, Health
		history & parent signature
Kindergarten	DPT	4 doses (last one after 4 th birthday)
and students	Polio (IPV)	4 doses (last one after 4 th birthday)
Entering Illinois	MMR	2 doses (after 12 months)
school for 1 st time	Varicella	2 doses (after 12 months)
	Lead screening/testing	Testing required for students residing in 60120 zip code
	Vision Exam	Completed by Optometrist, Ophthalmologist or physician who provides
		complete eye exams. Due by October 15.
	Dental Exam	Completed by licensed dentist. Due by May 15.
2 nd Grade	Dental Exam	Completed by licensed dentist. Due by May 15.
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	Physical Exam	Dated after 8/11/2024. Must include Diabetes screening/BMI, Health
	,	history & parent signature
6 th Grade	Tdap	1 dose (must be on or after the 11 th birthday)
	MMR	2 doses (after 12 months)
	Varicella	2 doses (after 12 months)
	Meningococcal	Proof of having received one dose on or after the 11 th birthday.
	Hepatitis B	3 doses (third dose after 6 mos of age)
	Dental Exam	Completed by licensed dentist. Due by May 15.
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	Physical Exam	Dated after 8/11/2024. Must include Diabetes screening/BML Health
	Physical Exam	Dated after 8/11/2024. Must include Diabetes screening/BMI, Health history & parent signature
9 th Grade		history & parent signature
9 th Grade	Tdap	history & parent signature 1 dose (must be after age 10)
9 th Grade	Tdap MMR	history & parent signature 1 dose (must be after age 10) 2 doses (after 12 months)
9 th Grade	Tdap MMR Varicella	history & parent signature 1 dose (must be after age 10) 2 doses (after 12 months) 2 doses (after 12 months)
9 th Grade	Tdap MMR Varicella Meningococcal	history & parent signature 1 dose (must be after age 10) 2 doses (after 12 months) 2 doses (after 12 months) Proof of one dose after age 11
9 th Grade	Tdap MMR Varicella Meningococcal Hepatitis B	history & parent signature 1 dose (must be after age 10) 2 doses (after 12 months) 2 doses (after 12 months) Proof of one dose after age 11 3 doses (third dose after 6 mos of age)
9 th Grade	Tdap MMR Varicella Meningococcal	history & parent signature 1 dose (must be after age 10) 2 doses (after 12 months) 2 doses (after 12 months) Proof of one dose after age 11
9 th Grade	Tdap MMR Varicella Meningococcal Hepatitis B Dental Exam	history & parent signature 1 dose (must be after age 10) 2 doses (after 12 months) 2 doses (after 12 months) Proof of one dose after age 11 3 doses (third dose after 6 mos of age) Completed by licensed dentist. Due by May 15
	Tdap MMR Varicella Meningococcal Hepatitis B	history & parent signature 1 dose (must be after age 10) 2 doses (after 12 months) 2 doses (after 12 months) Proof of one dose after age 11 3 doses (third dose after 6 mos of age) Completed by licensed dentist. Due by May 15 Minimum intervals for administration: The first dose received on or after
	Tdap MMR Varicella Meningococcal Hepatitis B Dental Exam	history & parent signature 1 dose (must be after age 10) 2 doses (after 12 months) 2 doses (after 12 months) Proof of one dose after age 11 3 doses (third dose after 6 mos of age) Completed by licensed dentist. Due by May 15 Minimum intervals for administration: The first dose received on or after the 11th birthday; second dose on or after the 16th birthday. An interval of
	Tdap MMR Varicella Meningococcal Hepatitis B Dental Exam	history & parent signature 1 dose (must be after age 10) 2 doses (after 12 months) 2 doses (after 12 months) Proof of one dose after age 11 3 doses (third dose after 6 mos of age) Completed by licensed dentist. Due by May 15 Minimum intervals for administration: The first dose received on or after