



# Genoa-Kingston Community Unit School District 424

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*Mr. Brent O'Daniell, Superintendent  
Dr. Bradley Shorridge, Asst. Superintendent*

## **HEALTH REQUIREMENTS FOR KINDERGARTEN ENTRY: MUST BE ON FILE BEFORE THE FIRST DAY OF SCHOOL**

Illinois State Law requires both a physical examination and immunizations for all students entering Kindergarten. These requirements must be completed anytime between now and the first day of school.

### **PHYSICAL EXAMINATION**

Must be completed and recorded on the approved Certificate of Child Health Examination form. These may be performed by advance practice nurse's (APN's) physician assistants (PA's) or physicians. Be sure your child's form is signed and dated by the health care provider. Parents must also complete and sign the medical history portion, which is located on the upper portion on the back side of the form.

### **IMMUNIZATIONS: DPT, POLIO (IPV / OPV), HEPATITIS B, MMR, VARICELLA/MENINGOCOCCAL**

**DPT:** A series of 4 or more doses are required with at least 4 weeks (28 days) between the first 3 doses. The interval between the third and fourth doses must be at least 6 months. The last dose must be given on or after the fourth birthday.

**POLIO:** 4 or more doses of the same Polio vaccine are required. The last dose must be administered on or after the fourth birthday. Doses in the series must be no less than 4 weeks (28 days) apart.

**MMR:** Measles, Mumps and Rubella. 2 doses are required. The first must be given at 12 months of age or older. The second dose can be given 4 weeks (28 days) after the first dose, but must be given on or after the fourth birthday.

**VARICELLA:** 2 doses of varicella vaccine are required. The first dose must be given on or after the first birthday and the second dose no less than 4 weeks (28 days) later; on or after the fourth birthday.

### **RELIGIOUS AND MEDICAL EXEMPTIONS FROM IMMUNIZATIONS**

**RELIGIOUS:** Parents or guardians who object on religious grounds to immunizations for their children must complete a Certificate of Religious Exemption, which must also be signed by the physician, advance practice nurse or physician assistant responsible for performing the student examination. The signature on the form attests to informing the parent of the benefits of immunization and the health risks of not vaccinating their child. They must also inform parents that their child may be excluded from school in the event of a vaccine preventable outbreak or exposure.

**MEDICAL:** Must be provided by the physician, advance practice nurse or physician assistant with a written and signed statement indicating the medical contraindication(s) for each vaccination.

### **EYE EXAMINATION**

### **DENTAL EXAMINATION**

*Preparing students to excel and contribute to their community*