



Health Record Requirements

ALL FORMS DUE TO THE OFFICE PRIOR TO THE FIRST DAY OF SCHOOL

Birth Certificates:

To be in compliance with the Illinois Missing Children Act, all Peoria Academy students will need to have an official birth certificate (copy) or a passport (copy) on file at the commencement of the upcoming academic year.

Medical Requirements:

The following immunization and vaccine records are required by the Illinois State Board of Education. Eye and Dental Examination laws are noted below.

All New Students:

- **Physical Exam** – Dated within State required school year
 - Health History (completed and signed by parent/guardian)
 - Diabetes Screening Assessment (signed by practitioner)
 - Proof of Lead Risk Assessment (blood test for students living in high-risk zip codes of 61602-61606) (signed by practitioner)
 - Physical Education (checked off by physician)
- **Eye Examination** – Dated within State required school year (excludes Early Childhood)
 - Performed by a licensed optometrist or medical doctor
- **Dental Examination** – Dated within 18 months of May 15th of the current school year (excludes Early Childhood)

Early Childhood:

- **Physical Exam** – Dated within one year of the first day school
 - Health History (completed and signed by parent/guardian)
 - Diabetes Screening Assessment (signed by practitioner)
 - Proof of Lead Risk Assessment (blood test for students living in high-risk zip codes of 61602-61606) (signed by practitioner)
 - Physical Education (checked off by physician)
 - TB Screening (for high-risk students only, as determined by physician)
- **Immunizations Record:**
 - 4 DPT/DTaP vaccines (Diphtheria, Tetanus, Pertussis)
 - 3 Polio vaccines
 - 1 MMR vaccine (Measles, Mumps, Rubella)
 - 1 Hib vaccine (Haemophilus Type B)
 - 3 Hepatitis B vaccines
 - 1 Varicella (Chicken Pox) vaccine or proof of having disease (signed by physician)
 - 1 Pneumococcal vaccine (PCV)

Kindergarten:

- **Physical Exam** – Dated within one year of the first day of school
 - Health History (completed and signed by parent/guardian)
 - Diabetes Screening Assessment (signed by practitioner)
 - Proof of Lead Risk Assessment (zip codes 61602-61606)
 - Physical education (checked off by physician)
- **Immunizations:**
 - 4 DPT/DTaP vaccines – with last dose on or after age 4
 - 4 of the same type of Polio vaccine with last does on or after age 4
 - 2 MMR vaccines (Measles, Mumps, Rubella)
 - 2 Varicella (Chicken Pox) vaccines or proof of having disease (signed by physician)
- **Eye Examination** – Dated within one year of the first day of school
 - Performed by a licensed optometrist or medical doctor
- **Dental Examination** – Dated within 18 months prior to May 15th of current school year

1st Grade:

- **Immunizations:**
 - 4 DPT/DTaP vaccines – with last dose on or after age 4
 - 4 of the same type of Polio vaccine with last does on or after age 4
 - 2 MMR vaccines (Measles, Mumps, Rubella)

- 2 Varicella (Chicken Pox) vaccines or proof of having disease (signed by physician)

2nd Grade:

- **Dental Examination** – Dated within 18 months prior to May 15th of current school year
- **Immunizations:**
 - 3 DPT/DTaP vaccines – with last dose on or after age 4
 - 3 All-IPV or All-OPV Polio vaccines or 4 of any combination with last dose at age 4 or later
 - 2 MMR vaccines (Measles, Mumps, Rubella)
 - 3 Hepatitis B vaccines
 - 2 Varicella (Chicken Pox) vaccines or proof of having disease (signed by physician)

3rd Grade:

- **Immunizations:**
 - 3 DPT/DTaP or Td vaccines – with last dose on or after age 4
 - 3 All-IPV or All-OPV Polio vaccines or 4 of any combination with last dose at age 4 or later
 - 2 MMR vaccines (Measles, Mumps, Rubella)
 - 3 Hepatitis B vaccines
 - 1 Varicella (Chicken Pox) vaccines or proof of having disease (signed by physician)

4th Grade:

- **Immunizations:**
 - 3 DPT/DTaP or Td vaccines – with last dose on or after age 4
 - 3 All-IPV or All-OPV Polio vaccines or 4 of any combination with last dose at age 4 or later
 - 2 MMR vaccines (Measles, Mumps, Rubella)
 - 3 Hepatitis B vaccines
 - 1 Varicella (Chicken Pox) vaccines or proof of having disease (signed by physician)

5th Grade:

- **Immunizations:**
 - 3 DPT/DTaP or Td vaccines – with last dose on or after age 4
 - 3 All-IPV or All-OPV Polio vaccines or 4 of any combination with last dose at age 4 or later
 - 2 MMR vaccines (Measles, Mumps, Rubella)
 - 3 Hepatitis B vaccines
 - 1 Varicella (Chicken Pox) vaccines or proof of having disease (signed by physician)

6th Grade:

- **Physical Exam** – Dated within one year of the first day of school
 - Health History (completed and signed by parent/guardian)
 - Diabetes Screening Assessment (signed by practitioner)
 - Physical Education (checked off by physician)
- **Immunizations:**
 - 1 Tdap vaccine
 - 3 All-IPV or All-OPV Polio vaccines or 4 of any combination with last dose at age 4 or later
 - 2 MMR vaccines (Measles, Mumps, Rubella)
 - 3 Hepatitis B vaccines
 - 2 Varicella vaccines or proof of disease (signed by physician)
 - 1 Meningococcal (MCV)
- **Dental Examination** – Dated within 18 months prior to May 15th of current school year

7th & 8th Grade:

- **Immunizations:**
 - 1 Tdap vaccine
 - 3 All-IPV or All-OPV Polio vaccines or 4 of any combination with last dose at age 4 or later
 - 2 MMR vaccines (Measles, Mumps, Rubella)
 - 3 Hepatitis B vaccines
 - 2 Varicella vaccines or proof of disease (signed by physician)
 - 1 Meningococcal (MCV)

Please submit a hard copy of the required documents to the office or send a copy to Office Manager, Danielle Dolan, at ddolan@peoriaacadmey.org.

These requirements are outlined by the Illinois State Board of Education and the Illinois Department of Public Health. All non-compliant history, physical and immunization schedules are excludable by State Law as of October 15th of that school year. Eye and Dental are report card withholding offenses.