

2006 - 07 PHYSICAL, DENTAL, & IMMUNIZATION REQUIREMENTS

SCHOOL PHYSICALS are required for entrance into PreK, Early Childhood, Kindergarten, 5th, and 9th grade.

***Physicals that are turned in over the summer are to be placed in the RED DROP BOX located in the foyer outside the library. Please do not turn them in to the grade school, high school, or district office.*

SPORT PHYSICALS are required prior to participating in all sports.

***Sports physicals that are turned in over the summer are to be placed in the RED DROP BOX located in the foyer outside the library. Please do not turn them in to the grade school, high school, or district office.*

DENTAL EXAMINATIONS are required for Kindergarten, 2nd and 6th grade.

Pawnee School has scheduled Miles of Smiles Mobile Dentists, an in-school dental program, in October 2006 to help parents meet this requirement. More information will be available in the fall

LEAD SCREENING is a requirement for PreK, Early Childhood, and Kindergarten.

IMMUNIZATIONS are required to be up to date and current for all grades levels including PreK and Early Childhood. A complete list of immunization requirements is available from the school nurse.

BIRTH CERTIFICATES must be on file at school upon entering Kindergarten. A certified birth certificate from the county is required (hospital certificates are not acceptable).

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Attendance at Pawnee School District #11 is subject to compliance with immunization and physical exam requirements set forth in the Illinois School Code 105 ILCS 5/27-8.1. Health record deficiencies must be completed and turned in at registration or the first day of school in August. If you have any questions or need assistance in meeting any health record requirements, please contact the school nurse at 625-2231 ext. 203.

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IMMUNIZATIONS (number of doses in parenthesis and must be given at the required intervals or age)

<u>GRADE LEVEL</u>	<u>REQUIRED IMMUNIZATIONS</u>
PreK & Early Childhood	DPT (4), Polio (3), Measles (1), Mumps (1), Rubella (1), Hib (dose(s) according to IDPH schedule), Hepatitis B (3), Varicella (1) OR proof of chicken pox illness verified by physician
KDG	DPT (4), Polio (4), Measles (2), Mumps (1), Rubella (1), Varicella (1) OR proof of chicken pox illness verified by physician
5 th – 12 th Grade	Hepatitis B (3)
Jr/Sr High	Tetanus booster required every 10 years

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