



# 2017-2018 Minimum Health Requirements for Chicago Public Schools

## Medical Home

If you are not presently insured, please contact the Illinois Dept. of Human Services (IDHS) at 1-800-543-6153 or <https://abe.illinois.gov/>

Most people who are found eligible for Medicaid must choose a Primary Care Provider (Medical Home). The Illinois Client Enrollment Broker will help you understand your healthcare choices, so that you can choose the best plan for you. <http://illinoisceb.com/>

A medical home will allow your family access to better healthcare. This is where you can access affordable, quality, culturally sensitive, competent and coordinated healthcare.

If you are seeking a provider, you may call 311 or go to: [www.cityofchicago.org](http://www.cityofchicago.org) and type in "Find a Community Health Center" in the Search box

All Kids medical coverage provides health insurance for children in Illinois, regardless of immigration status. If you would like assistance in acquiring health insurance for your child, please call CPS at 773-553-KIDS.

For more information regarding health requirements, contact your School Nurse.

"Evidence shows that healthy students have better attendance patterns and perform better academically". The following health requirements apply to all children enrolled in a Chicago Public School. **Children must provide proof of required immunizations and health exams before October 15, 2017, or they will face exclusion from school.**

## EXAMINATION REQUIREMENTS

### **Physical Examination** requirements due upon enrollment, or by **10/15/17**

Physical Examination must be completed within one year prior to entry to:

- Preschool and kindergarten (physical exam and lead screening through age 6)
- 6th grade and 9th grade (ages 5, 11, 15 for un-graded programs)
- Any student entering CPS for the first time

### **Vision Examination** requirements due upon enrollment, **no later than 10/15/17**

- Entering the State of Illinois for the first time at any grade level.
- Entering kindergarten

### **Dental Examination** requirements due **5/15/18** for kindergarten, 2<sup>nd</sup> and 6<sup>th</sup> grade.

## IMMUNIZATION REQUIREMENTS

### **Diphtheria, Pertussis (Whooping Cough), Tetanus (DTP, DTaP & Tdap)**

- Four (4) or more doses. The first 3 doses with intervals of 4 weeks apart. The interval between the 3<sup>rd</sup> and 4<sup>th</sup> dose is at least 6 months.
- The last dose qualifying as a booster and received on or after the 4<sup>th</sup> birthday
- One (1) dose of the Tdap vaccine for 6<sup>th</sup> to 12<sup>th</sup> grades.

### **Polio (New) for 2017-2018 School Year)**

- Four (4) or more doses. The first 3 doses with intervals of 4 weeks apart. The interval between the 3<sup>rd</sup> and 4<sup>th</sup> dose is at least 6 months.
- The last dose qualifying as a booster and received on or after the 4<sup>th</sup> birthday.
- A 4<sup>th</sup> dose is not needed if the 3<sup>rd</sup> dose was administered at age 4 or older and 6 months after the previous dose.

### **Measles, Mumps, and Rubella (MMR)**

- One (1) dose required for preschool, & a second dose required for all students kindergarten to 12<sup>th</sup> grade.
- 1<sup>st</sup> dose received at 12 months or later
- 2<sup>nd</sup> dose must be administered at least four weeks (28 days) after 1<sup>st</sup> dose

### **Hepatitis B**

- Three (3) doses required for all students.
- 1<sup>st</sup> dose at birth.
- 2<sup>nd</sup> dose received no less than 28 days or 4 weeks after 1<sup>st</sup> dose.
- 3<sup>rd</sup> dose received no less than 2 months after the 2<sup>nd</sup> dose and 4 months after the 1<sup>st</sup> dose.

### **Varicella (Chicken Pox)**

- Two (2) doses of varicella are required for kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, & 12<sup>th</sup> grades. The first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose.
- One (1) dose required on or after the first birthday for Prek, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, grades.

### **Haemophilus Influenzae, Type B (HIB)**

- Three (3) doses required for primary series.
- If none received before age 15 months, only one (1) dose required from age 15 months to 59 months of age. Not required age 5 years or older.

### **Pneumococcal Conjugate (PCV)**

- Four (4) doses required for primary series.
- If none received before age 24 months, only one (1) dose required from age 24 to 59 months of age. Not required age 5 years or older.

### **Meningitis Conjugate (MCV4)**

- One (1) dose of the meningitis vaccine for 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grades
- Two (2) doses of the meningitis vaccine for 12<sup>th</sup> grade.
- 2<sup>nd</sup> dose must be administered at least 8 weeks after 1<sup>st</sup> dose