

## 2016-2017 SCHOOLYEAR ILLINOIS REQUIREMENTS & RECOMMENDATIONS

REQUIRED EXAMS	Kindergarten	2 <sup>nd</sup> grade	6 <sup>th</sup> grade	9 <sup>th</sup> grade	JH or HS Student Participating in school-related sport
School Physical Exam	☆		☆	☆	
Sports Physical Exam					☆
Oral Health Exam	☆	☆	☆		
School Eye Exam	☆				

**Illinois does REQUIRE an eye exam for any student that has not previously attended an Illinois School.**

### REQUIRED IMMUNIZATIONS

	Required or Recommended	Immunization	More familiar immunization names
Kindergarten	<b>Required</b>	MMR & Varicella	Measles, Mumps, Rubella, Chicken Pox
	<b>Required</b>	DTAP & IPV	Tetanus, Diphtheria, Pertussis, Polio
	Recommended	Pevnar 13	Pneumococcal
	Recommended	Hepatitis A(2 shot series)	Hepatitis
	Recommended	Hepatitis A (2 shot series)	Hepatitis
6 <sup>th</sup> grade	Recommended if he or she hasn't received it yet	Hepatitis A (2 shot series)	Hepatitis
	<b>Required</b>	Menactra	Meningitis
	Recommended	Gardasil	HPV
	Recommended		
	Recommended Boys & Girls beginning @ age 11		
9 <sup>th</sup> grade	<b>REQUIRED</b> if he or she hasn't received it yet	TDAP	Tetanus, Diphtheria, Pertussis
	Recommended if he or she hasn't received it yet	Menactra	Meningitis
	Recommended if he or she hasn't received it yet	Hepatitis A (2 shot series)	Hepatitis
	Recommended (Boys & Girls) if he or she hasn't received it yet	Gardasil	HPV
	Recommended if he or she hasn't received it yet		
12 <sup>th</sup> grade	<b>REQUIRED</b> 2 doses required, OR 1 dose required if the first dose was given after he/she's 16 <sup>th</sup> birthday	Menactra	Meningitis
<b>ADDITIONAL REQUIREMENTS</b>			
K-12 <sup>th</sup> Grades	<b>REQUIRED</b> Must show proof from the Dr. of either 2 doses of Varicella or proof of history of chicken pox	Varicella	Chicken Pox
K-12 <sup>th</sup> Grades	<b>REQUIRED</b> Must show proof of 2 doses of MMR, with the first dose received after 1 <sup>st</sup> birthday.	MMR	Measles, Mumps, Rubella
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	<b>REQUIRED</b> Must show proof of T-Dap given 1x during 6 <sup>th</sup> thru 12 <sup>th</sup> grade	TDAP	Tetanus, Diphtheria, Pertussis
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>	<b>REQUIRED</b>	Hepatitis B (3 doses administered at recommended intervals)	Hepatitis

**If your child is not current on immunizations additional immunizations may be required.**

*Hancock County Health Department*  
*Home Health Agency*  
**217-357-2171**  
Call us for additional information, pricing & immunization availability.

*Hancock County Dental Center*  
**217-357-6984**  
Oral Health Exams ~ \$25 each  
Call us to make an appointment.