



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 school physical exam before October 15, 2022, or they will face exclusion from school.

Health insurance can provide children and their families with comprehensive health care coverage that can be used for doctor's visits, immunizations, prescription medications, dental care, eye exams, glasses and more!

If you would like help enrolling your child in health insurance, call the Healthy CPS Hotline: **773 553-KIDS (5437)** or visit www.cps.edu/cfbu.

All Kids Health Insurance provides coverage for children in Illinois, regardless of immigration status.

If you need help finding a health center near you please call: **773 553-KIDS (5437)** or visit <https://findahealthcenter.hrsa.gov>.

Recommended Vaccine

To prevent HPV cancers HPV (human papillomavirus) vaccination is recommended for preteen girls and boys at age 11 to 12 years. Preteens need HPV vaccinations for protection from HPV infections that cause cancer. CDC recommends that 11 to 12 year olds receive two doses of HPV vaccine at least six months apart. Teens and young adults who start the series later, at ages 15 through 26 years, need three doses of HPV vaccine to protect against cancer-causing HPV infection. For more information: www.cdc.gov/vaccines/vpd/hpv/public/index.html.

For more information about CPS health requirements, contact your School Nurse.

Examination Requirements

Physical Examination

Requirements due upon enrollment, or by 10/15/22

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 10/15/22

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

Dental Examination

Requirements due 5/15/23 for kindergarten, 2nd, 6th grade and 9th 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 3rd and 4th dose is at least 6 months.
- The last dose qualifying as a booster and received on or after the 4th birthday.
- One (1) dose of the Tdap vaccine for 6th to 12th grades.

Polio

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

Measles, Mumps, & Rubella (MMR)

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

Hepatitis B

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

Varicella (Chicken Pox)

- Two (2) doses of varicella are required for kindergarten, 1st, 2nd, 3rd, 6th, 7th, 8th, 9th, 10th, 11th, & 12th 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, 3rd, 4th, 5th, 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 6th, 7th and 8th grades.
- Two (2) doses of the meningitis vaccine for 12th grade.
- 2nd dose must be administered at least 8 weeks after 1st dose.
- If the 1st dose was given at age 16 or older; only one (1) dose will be required for 12th grade.



Student Medical Information 2022–2023



This form must be updated and returned to school each school year.

please print or type:

Please let your school know about your child's health and health care. This is a good way to keep your child safe. The information is **CONFIDENTIAL** and will be shared only with CPS staff who need to know (Nurse, Principal, Designee, or Clerk).

STUDENT LAST NAME		FIRST NAME		MIDDLE NAME
GENDER	STUDENT DATE OF BIRTH		SCHOOL NAME	
STUDENT ID #		GRADE		ROOM #

1. PLEASE INDICATE YOUR CHILD'S HEALTH STATUS BELOW.

☐ My child has no known health conditions.

My Child has a known condition(s). Please check all that apply:

☐ Allergies (food or other)

List Allergies

☐ Asthma

Year Diagnosed _____

☐ Seizures/Epilepsy

Year Diagnosed _____

☐ Diabetes (please select one)

☐ Type 1

☐ Type 2

☐ Other

☐ Sickle Cell Disease

Year Diagnosed _____

Year Diagnosed _____

☐ Other _____

Year Diagnosed _____

2. MY CHILD HAS A PRIMARY DOCTOR. ☐ YES ☐ NO

If yes, please provide the healthcare provider's name and phone number:

Name _____

Phone number _____

☐ I give permission for my child's school nurse or designee to talk to the doctor about my child's health.

3. MY CHILD IS COVERED BY HEALTH INSURANCE. ☐ YES ☐ NO

**If your child needs health insurance call
Healthy CPS 773-553-KIDS (5437).**

This Form is **NOT** the same as a "Plan of Care" (detailed medical care instructions to keep your child safe). If your child has a health condition that may require action at school, please provide school with documentation from your physician and schedule an appointment with your school nurse. Complete a "Medical Plan of Care Form" at: www.cps.edu/oshw (or get it from the school nurse), and return it to school. **If your child has a health condition, please schedule an appointment with the school nurse.**

Please return the form to the school nurse. If the student has a health condition, parents must schedule a meeting with the school nurse.

Parent/Guardian Name

Date

Phone Number

Parent/Guardian Signature

Email

**Nurses
Use Only**

Reviewed by (Initials)

Date

Revised April 25, 2019

Must have an original signature; an electronic signature is not acceptable.