

STREATOR ELEMENTARY SCHOOLS DISTRICT 44

STUDENTS ENTERING GRADE 6

March 2019

Dear Parent of _____:

The following is needed at registration in order for your child to meet **Grade 6 HEALTH REQUIREMENTS** for the **2019-2020** school year:

_____ **Health Examination** on the enclosed form (11/2015). Parent or legal guardian must complete the Health History and sign and date. Health Care Provider must complete ALL sections of the Physical Examination Requirements and sign and date. An electronic form will be accepted only if approved by Illinois Department of Public Health and Illinois State Board of Education and all areas are complete.

_____ **Dental Examination** on the enclosed *PROOF OF SCHOOL DENTAL EXAMINATION FORM* (IOCI 0600-10). If you are not able to find a dentist, you can complete the *DENTAL EXAMINATION WAIVER FORM* and/or your child can receive a dental examination at the Dental Clinic to be held in the fall at your child's school. Information will be provided at registration.

_____ **Immunizations** as follows:

_____ **MCV4** *Beginning 2015-2016 school year all students entering 6th grade will be required to show proof of receiving one dose of meningococcal conjugate vaccine (MCV4) on or after 11 years of age.*

_____ **Tdap** *Beginning 2013-2014 school year all students entering, advancing, or transferring into 6th grade will be required to show proof of receiving one dose of Tdap vaccine (combined tetanus, diphtheria, acellular pertussis) regardless of the interval since the last DTaP, DT, or Td dose.*

_____ **Td** _____ **Polio** _____ **Hepatitis B** _____ **Chicken Pox** _____ **MMR**

Comments _____

Call the Nurse at (815) 672-4558 EXT 206 if you have any questions about this letter. Call the LaSalle County Health Department at 1-815-433-3366 if you have any questions about how to get required vaccines for your child. Please give completed forms to the Nurse at registration. Thank you for your co-operation.

Enclosures