

D 91 Health Examination and Immunization Requirements

STUDENT NAME _____ DATE of BIRTH _____

The State of Illinois requires all health forms to be completed.
These forms will be requested at the time of registration.

ALL FORMS MUST BE COMPLETED PRIOR TO THE FIRST DAY OF ATTENDANCE.
ALL EXAMS MUST HAVE BEEN PERFORMED WITHIN 12 MONTHS OF ATTENDANCE.

Pre-School (Early Learners & Early Childhood)

- Physical examination by a physician, signed, dated, & must include the following:
 - Immunizations documented, up to date, signed & dated by healthcare provider
 - Health History completed & signed/dated by parent/guardian
 - Physical examination requirements completed & signed by the physician
 - Diabetes screening completed
 - Lead Risk questionnaire completed
 - TB test if applicable
 - System review completed
 - Emergency action section completed
 - Physical education participation section completed

SPORTS PHYSICALS **Due before try outs**

6th, 7th & 8th grade students participating in sports must have a physical exam completed using the IESA Pre-participation form which may be obtained on the Web: d91.net/Forms/Forms/IESA-PhysicalCard.pdf or by calling 815-838-0737

All new students, Kindergarten and Sixth Grade, (All exams must be completed on State of Illinois forms.)

- Physical examination by a physician, signed, dated, & must include the following:
 - Immunizations documented, up to date, signed, & dated by healthcare provider
 - Health History completed and signed/dated by parent/guardian
 - Physical examination requirements completed and signed by the physician
 - Diabetes screening completed
 - Lead Risk questionnaire completed (for children age 6 years or younger)
 - TB test if applicable
 - System review completed
 - Emergency action section completed
 - Physical education participation section completed
- Dental Exam (Required for new students, Kindergarten, 2nd & 6th grade)
- Eye Exam (Required for all new students including Kindergarten)

I, _____, understand that I must have the above documents
Signature of parent/guardian

completed and returned to the school office before my child is able to attend class.

Received by: _____ Date Received: _____

Milne Grove/Kelvin Grove District 91
ALLERGY/ASTHMA ALERT SURVEY

(Required for all student health records)

Student Legal Name _____ Date _____

1. Has your child been diagnosed with asthma? YES NO
2. Does your child take medication for allergies or asthma? YES NO
3. Does your child have any known allergies?
- YES
- NO

4. PLEASE LIST YOUR CHILD'S ALLERGIES, SYMPTOMS AND TREATMENT BELOW.

TYPE	ALLERGY	SYMPTOMS	TREATMENT
Food			
Environmental			
Other			

5. My child receives the following medication for the above allergies/asthma:

1. _____ 3. _____
2. _____ 4. _____

6. My child will require allergy medication to be taken at school due to moderate/severe/ life threatening reaction to one or more of the above allergies.

NO (Checking this box indicates the allergic reaction is mild and requires no medical intervention.)

YES (Checking this box requires a physician to complete the **yellow** (for Benadryl or other antihistamine) or **orange** (for inhalers or EpiPen) **Medication Authorization Form.**)

IF YOU CHECKED YES TO THE ABOVE QUESTION,
YOU WILL RECEIVE AN ALLERGY/ASTHMA EMERGENCY ACTION PLAN,
WHICH MUST BE COMPLETED AND RETURNED
TO THE SCHOOL NURSE IMMEDIATELY.

Parent/Guardian Printed _____

Parent/Guardian Signature _____