



ELEMENTARY SCHOOL DISTRICT 159

"Excellence in Education Since 1869"

Serving the Communities of Matteson, Richton Park and Tinley Park

Health Examination and Immunization Requirements for School Attendance

July 9, 2015

Dear Parents/Guardians:

This is a reminder that the State of Illinois requires that students obtain a physical examination at entry to kindergarten, sixth and ninth grades as well as vaccinations/immunizations against a number of diseases at specified intervals as noted in the attached document.

State law also requires that students without the exams and/or vaccinations/immunizations are to be excluded from school attendance unless certain exceptions are met. The valid exemptions in Illinois are those based on medical reason, written by a health care provider, or religious reason, written by a parent or guardian. Students transferring from out of state are allowed an extra 30 days to meet the requirements upon enrollment in Illinois.

Please take a moment to review the attached document and secure a physical examination and required vaccinations/immunizations prior to our student registration process that will begin August 4 thru 6, 2015 at the Colin Powell Middle School now. Do not wait until the last minute to schedule appointments as it may delay enrollment for your child. It may be helpful to bring the attached documentation to the doctor's office for the actual examination/immunization update so that there is no confusion as to what is being required.

Additionally, please refer to the district's website at www.dist159.com or the Illinois State Board of Education website at www.isbe.net and search for the School Health link for additional information at this site.

Students who do not have the required documentation at time of student registration may have their enrollment denied and subsequently will delay their start of school. Please act now with scheduling and securing the required medical appointments that are noted in this correspondence and on the district's website

Let me take a moment to thank each of you for your continued support during the school year and wish you and your family a healthy, restful and relaxing remainder of the summer. We will see you in August 2015....till then, take care.

Respectfully,

Dan Thompson
Director of Pupil Services

Cc: School Health Services Staff, ESD 159

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Requisitos de Examen de Salud y Vacunación para la Asistencia Escolar

9 de julio 2015

Estimados Padres / Tutores:

Este es un recordatorio que el Estado de Illinois requiere que los estudiantes obtengan un examen físico al ingreso en Kínder, los grados sexto y noveno, así como vacunas / inmunizaciones contra una serie de enfermedades en los intervalos especificados como se señala en el documento adjunto.

La ley estatal también requiere que los estudiantes sin los exámenes y/ o vacunas/inmunizaciones deben ser excluidos de la asistencia a la escuela a menos que se cumplan ciertas excepciones. Las excepciones validas en Illinois son basadas en la razón médica, escrita por un profesional de la salud, o una razón religiosa, escrita por un padre/tutor. Los estudiantes que se transfieren de fuera del estado se les permiten una extensión de 30 días para cumplir con los requisitos sobre la inscripción en Illinois.

Por favor tome un momento para revisar el documento adjunto y asegure de completar un examen físico y las vacunas requeridas antes de nuestro proceso de inscripción de estudiantes que comenzará el 4 a 6 de agosto 2015 en la Escuela Colin Powell. No espere hasta el último minuto para programar citas, ya que puede retrasar la inscripción para su hijo. Puede ser útil llevar consigo la documentación adjunta a la oficina del médico para que se la llenen durante el examen y la inmunización para que no haya confusión en cuanto a lo que se requiere.

Además, por favor, consulte el sitio web del distrito en www.dist159.com o la página web de la Junta Estatal de Illinois de Educación al www.isbe.net y buscar el enlace de Salud Escolar para obtener más información.

Los estudiantes que no tienen la documentación requerida en el momento de la inscripción del estudiante pueden tener su inscripción denegada y posteriormente será retrasado su inicio de clases. Por favor, actúe ahora con la programación y asegurando las citas médicas necesarias que se señalan en esta correspondencia y en la página web del distrito

Permítanme un momento para agradecer a cada uno de ustedes por su continuo apoyo durante el año escolar y les deseo a usted y su familia un resto sano, tranquilo y relajante del verano. Nos vemos en agosto de 2015....hasta entonces, tenga cuidado.

Respetuosamente,

Dan Thompson
Director de Servicios de Estudiantes

Cc: School Health Services Staff, ESD 159

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Minimum Immunization Requirements for Those Entering a Child Care Facility or School in Illinois, Fall-2015

Vaccine Requirement	Child Care Facility, Preschool, Early Childhood Pre-Kindergarten Programs	Kindergarten through 12 th Grade		Minimum Intervals Allowed Between Doses and Other Options for Proof of Immunity
		First Entry into School (Kindergarten or First Grade)	Other Grades	
DTP/DTaP/ or Tdap, Td (Diphtheria, Tetanus, Pertussis)	Three doses by 1 year of age One additional booster dose by 2 nd birthday	Four or more doses of DTP/DTaP with the last dose qualifying as a booster and received on or after the 4 th birthday	Three or more doses of DTP/DTaP or Td; with the last dose qualifying as a booster if received on or after the 4 th birthday For Students entering 6 th thru 12 th grades: 1 dose of Tdap	Minimum interval between series doses: 4 weeks (28 days) Between series and booster: 6 months No proof of immunity allowed
Polio	Two doses by 1 year of age. One additional dose by 2 nd birthday	Three or more doses of the same type of Polio vaccine with the last dose qualifying as a booster and received on or after the 4 th birthday. *If the series is given in any combination of polio vaccine types, 4 or more doses are required with the last being a booster on or after the 4 th birthday.	Three or more doses of Polio with the last dose qualifying as a booster and received on or after the 4 th birthday. *If the series is given in any combination of polio vaccine types, 4 or more doses are required with the last being a booster on or after the 4 th birthday.	Minimum interval between series doses: 4 weeks (28 days) No proof of immunity allowed
Measles	One dose on or after the 1 st birthday but prior to 24 months of age	Two doses of Measles Vaccine, the 1 st dose must have been received on after the 1 st birthday and the second dose no less than 4 weeks (28 days) later.		Laboratory evidence of measles immunity OR Certified physician verification* of measles disease by date of illness *Cases diagnosed after 7/1/2002 must include lab evidence of infection
Rubella	One dose on or after the 1 st birthday but prior to 24 months of age	Two doses of Rubella Vaccine, the 1 st dose must have been received on after the 1 st birthday and the second dose no less than 4 weeks (28 days) later.		Laboratory evidence of rubella immunity History of disease is not acceptable proof of immunity to rubella
Mumps	One dose on or after the 1 st birthday but prior to 24 months of age	Two doses of Mumps Vaccine, the 1 st dose must have been received on after the 1 st birthday and the second dose no less than 4 weeks (28 days) later.		Laboratory evidence of mumps immunity OR Certified physician verification of mumps disease by date of illness
<i>Haemophilus influenzae</i> type b	Refer to Hib vaccination schedule for series Children 24-59 mos. without series must have one dose after 15 mos. of age	Not required after the 5 th birthday (60 months of age)		Refer to Hib vaccination schedule No proof of immunity allowed
Invasive Pneumococcal Disease	Refer to PCV vaccination schedule for series Children 24-59 mos. without series must have one dose	Not required after the 5 th birthday (60 months of age)		Refer to PCV vaccination schedule No proof of immunity allowed
Hepatitis B	Three doses for all children 2 years of age or older Third dose must have been administered on or after 6 months of age (168 days)	No Requirements	Three doses hepatitis B vaccine administered at recommended intervals for Students entering grades 6 thru 12	Minimum intervals between doses: 1 & 2- at least 4 weeks (28 days) 2 & 3 - at least 2 months (56 days) 1 & 3 - at least 4 months (112 days) Laboratory evidence of prior or current infection
Varicella	One dose on or after the 1 st birthday	Two doses of Varicella Vaccine, for Students entering Kindergarten and 1 st grades The 1 st dose must have been received on after the 1 st birthday and the second dose no less than 4 weeks (28 days) later.	One dose of Varicella on or after the 1 st birthday for Students entering grades 1 thru 12 Two doses of Varicella Vaccine for Students entering 6 th , 7 th , 9 th & 10 th grades	Minimum intervals for administration: The 1 st dose must have been received on after the 1 st birthday and the second dose no less than 4 weeks (28 days) later. Statement from physician or health care provider verifying disease history OR Laboratory evidence of varicella immunity

Vaccine Requirement	Child Care Facility, Preschool, Early Childhood Pre-Kindergarten Programs	Kindergarten through 12 th Grade		Minimum Intervals Allowed Between Doses and Other Options for Proof of Immunity
		First Entry into School (Kindergarten or First Grade)	Other Grades	
Meningococcal Conjugate Vaccine	No Requirements	No Requirements	<p>Applies to Students entering 6th or 12th grade beginning 2015-2016 school year</p> <p>1 dose of Meningococcal vaccine at entry to 6th grade</p> <p>2 doses of Meningococcal vaccine at entry to 12th grade</p>	<p>Minimum intervals for administration: The first dose received on or after the 10th birthday; second dose at least eight weeks after the 1st dose.</p> <p>Only one dose is required if the first dose was received at 16 years of age or older. <i>No proof of immunity allowed.</i></p>

Source: Child Health Examination Code/Part 665, Immunization Code/Part 695, Public Act 095-0159
Prepared by: Illinois Department of Public Health Immunization Section, February 2015

Section 695. APPENDIX A Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib)

Vaccine	Age at 1 st of doses for dose (mos.)	Primary series	Booster	Total number of Doses in series
HbOC/PRP-T: HibTITER™ ActHib [®] ™ Omnihib™ TETRAMUNE™	2-6	3 doses, 2 mos. apart ^a	12-15 mos. ^{bc}	4
	7-11	2 doses, 2 mos. apart ^a	12-18 mos. ^{bc}	3
	12-14	1 dose	15 mos. ^{bc}	2
	15-59	1 dose ^d	None	1
PRP-OMP: PedvaxHIB™	2-6	2 doses, 2 mos. apart ^a	12 mos. ^{bc}	3
	7-11	2 doses, 2 mos. apart ^a	12-18 mos. ^{bc}	3
	12-14	1 dose	15 mos. ^{bc}	2
PRP-D: ProHIBIT™	15-59	1 dose ^d	None	1
	15-59	1 dose ^{cd}	None	1

^a Minimally acceptable interval between doses is one month.

^b At least 2 months after previous dose.

^c After the primary infant Hib vaccine series is completed, any of the licensed Hib conjugate vaccines may be used as a booster dose.

^d Children 15-59 months of age should receive only a single dose of Hib vaccine.

^e Reconstituted with DTP as a combined DTP/Hib vaccine

Note: A DTP/Hib combination vaccine can be used in place of HbOC or PRP-T

(Source: Amended at 26 Ill. Reg. 10792, effective July 1, 2002)

Section 695. Appendix B Vaccination Schedule for Pneumococcal Conjugate Vaccines (PCV)

Age of Child (Months)	Vaccination History	Primary Series and Booster Intervals	Total Doses Required
2-6 minimum age of six weeks:	0 doses	3 doses, 2 months apart; 4 th dose at age 12-15 months	4
	1 dose	2 doses, 2 months apart; 4 th dose at age 12-15 months	4
	2 doses	1 dose, 2 months after most recent dose; 4 th dose at age 12-15 months	4
	0 doses	2 doses, 2 months apart; 3 rd dose at age 12 -15 months	3
7-11	1 or 2 doses before age 7 months	1 dose, 2 months after most recent dose; 3 rd dose at 12 months -15 months and > 2 months after prior dose	3-4
12-23	0 doses	2 doses, \geq 2 months apart	2
	1 dose before age 12 months	2 doses, \geq 2 months apart	2
	1 dose on or after 12 months of age	1 dose \geq 2 months after most recent dose	2
	2 or 3 doses before age 12 months	1 dose, \geq 2 months after most recent dose	3-4
24-59 Healthy Children	Any incomplete schedule	1 dose, \geq 2 months after most recent dose	1
24-59 Children at High risk ^{a b}	Any incomplete schedule	2 doses separated by 2 months	2

(Source: Added at 37 Ill. Reg. 13952, effective August 16, 2013)

^a Children with certain chronic conditions or immunosuppressive conditions are recommended to receive a dose of pneumococcal polysaccharide vaccine (PPV23) in addition to PCV13 two months after the last PCV7 or PCV13.

^b CDC now recommends that for children with certain chronic conditions or immunosuppressive condition with no history of PPSV23 vaccination, administer PPSV23 at least 8 weeks after the most recent dose of PCV13.