

## **PRE-SCHOOL MEDICAL REQUIREMENTS**

1. **DIPHTHERIA, PERTUSSIS, AND TETANUS** – A series of 3 or more doses.
2. **POLIO** – A series of 3 doses.
3. **MEASLES, MUMPS, AND RUBELLA** – One dose required.
4. **HEPATITIS B** – Three doses required.
5. **VARICELLA (CHICKENPOX)** – One dose required.
6. **PNEUMOCOCCAL** – At least one dose.
7. **HIB** – At least one dose.
8. **LEAD TEST** – Required for all children ages 6 months to 6 years.
9. **DIABETES SCREENING** – Questionnaire on exam form to be completed by the physician.
10. **PHYSICAL EXAM** – Must be on the State of Illinois Child Health Examination form.

Questions? Please contact the school nurse at 618.635.3831 x253