

**TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER i: MATERNAL AND CHILD HEALTH
PART 665 CHILD HEALTH EXAMINATION CODE
SECTION 665.100 STATUTORY AUTHORITY (REPEALED)**

Section 665.100 Statutory Authority (Repealed)

(Source: Repealed at 33 Ill. Reg. 8459, effective June 8, 2009)

Section 665.105 Definitions

The following terms have the meaning ascribed to them here whenever the term is used in this Part:

Advanced practice nurse – *a person who is licensed as an advanced practice nurse under the Nurse Practice Act [225 ILCS 65]. (Section 15-5 of the Nurse Practice Act)*

Body mass index (BMI) – the result of a calculation of weight and height measurement used to determine whether an individual's weight is appropriate for his/her height. Body mass index is calculated by dividing weight in pounds by height in inches squared times 703 (wt (lbs)/ht (in²) X 703).

Certified vision screener – a person who has been trained by the Illinois Department of Public Health and who holds a current and valid certification from the Department as a vision screener in accordance with Illinois Child Vision and Hearing Test Act [410 ILCS 205].

Dental examination – an examination, performed by a dentist, that includes, at a minimum, oral health status and treatment needs.

Dentist – a person who is licensed to practice dentistry under the Illinois Dental Practice Act [225 ILCS 25].

Department or IDPH – the Illinois Department of Public Health.

Eye examination – an examination, performed by an optometrist or a physician who provides eye examinations, that includes, *at a minimum, history, visual acuity, subjective refraction to best visual acuity near and far, internal and external examination, and a glaucoma evaluation, as well as any other tests or observations that, in the professional judgment of the physician or optometrist, are necessary.* (Section 27-8.1(2) of the School Code)

Glaucoma evaluation – an examination that includes the measurement by instrumentation of the intraocular pressure of the eye, and other tests focused on the optic nerve, as needed.

Health care provider – a physician, advanced practice nurse, or physician assistant who is authorized to conduct health examinations under Section 27-8.1(2) of the School Code.

Local school authority – that person having ultimate control and responsibility for any public, private/independent or parochial elementary or secondary school, or any attendance center or nursery school operated by an elementary or secondary school or institution of higher learning.

Optometrist – a person who is licensed to practice optometry under the Illinois Optometric Practice Act of 1987 [225 ILCS 80].

Physician – a person who is licensed to practice medicine in all of its branches as provided in the Medical Practice Act of 1987 [225 ILCS 60].

Physician assistant – a person who is licensed as a physician assistant under the Physician Assistant Practice Act of 1987 [225 ILCS 95].

Registered nurse – a person who is licensed as a registered professional nurse under the Nurse Practice Act [225 ILCS 65].

Subjective refraction – determining the best visual status of the patient using ophthalmic lenses with directed patient response.

"Vision screening" – for purposes of this Part, refers to mandated vision screening by Department-certified vision screeners under the Child Vision and Hearing Test Act and the Department's rules titled Vision Screening (77 Ill. Adm. Code 685). Vision screening services include testing, evaluation and follow-up, which may include a recommendation for an eye examination.

"Visual acuity testing" – a measurement of the resolving power of the human eye using standardized testing conditions, usually by distinguishing standardized targets such as letters or children's symbols. It is done far at 20 feet and near at 16 inches without correction, with the present refractive correction, and with best correction by examination, and includes monocular and binocular findings.

(Source: Amended at 33 Ill. Reg. 8459, effective June 8, 2009)

Section 665.110 General Considerations (Repealed)

(Source: Repealed at 18 Ill. Reg. 4296, effective March 5, 1994)

Section 665.115 Referenced Materials

The following materials are referenced in this Part:

a) **Illinois Statutes:**

- 1) Child Vision and Hearing Test Act [410 ILCS 205]
- 2) Medical Practice Act of 1987 [225 ILCS 60]
- 3) Illinois Optometric Practice Act of 1987 [225 ILCS 80]
- 4) School Breakfast and Lunch Program Act [105 ILCS 125]
- 5) Illinois Dental Practice Act [225 ILCS 25]
- 6) Nurse Practice Act [225 ILCS 65]
- 7) Physician Assistant Practice Act of 1987 [225 ILCS 95]
- 8) Lead Poisoning Prevention Act [410 ILCS 45]

b) **Illinois Administrative Rules**

- 1) Control of Tuberculosis Code (77 Ill. Adm. Code 696)
- 2) Vision Screening (77 Ill. Adm. Code 685)
- 3) Hearing Screening (77 Ill. Adm. Code 675)
- 4) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)
- 5) Immunization Code (77 Ill. Adm. Code 695)

(Source: Amended at 33 Ill. Reg. 8459, effective June 8, 2009)

Section 665.120 Health Examination Requirements

- a) Health examinations for all public, private/independent and parochial school students in Illinois shall require a physical examination, in accordance with the timetable in Section 665.140, and protection from communicable disease. Lead screening is required as part of the health examination, as specified in Section 665.140(f).
- b) Eye examinations are required, as specified in Section 665.610.

- c) Dental examinations are required, as specified in Section 665.410.
- d) Vision and hearing screenings are required as specified in 77 Ill. Adm. Code 675 (Hearing Screening) and 77 Ill. Adm. Code 685 (Vision Screening).

(Source: Amended at 33 Ill. Reg. 8459, effective June 8, 2009)

Section 665.130 Performance of Health Examination and Verification of Certificate of Child Health Examination

Health examinations, other than dental examinations, eye examinations, and hearing and vision screening, shall be performed by, and the Certificate of Child Health Examination shall be signed by, *a physician licensed to practice medicine in all of its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes him/her to perform health examinations, or a physician assistant to whom has been delegated the performance of health examinations by his/her supervising physician.* (Section 27-8.1(2) of the School Code) A physician is required to review and sign any portion of the Certificate of Child Health Examination completed by a registered nurse who is not an advanced practice nurse.

(Source: Amended at 33 Ill. Reg. 8459, effective June 8, 2009)

Section 665.140 Timetable for Examinations

- a) The examination shall be conducted within one year:
 - 1) Prior to the date of entering school (this includes nursery school, special education, Head Start or other pre-kindergarten programs operated by elementary school systems or secondary level school units or institutions of higher learning; and students transferring into Illinois from outside of the State or outside of the country);
 - 2) Prior to the date of entering kindergarten or first grade;
 - 3) Prior to the date of entering the sixth grade. For the 2008-2009 school year only, a health examination conducted from August 2006 through September 2007 (for a child who was entering fifth grade for the 2007-2008 school year) shall also be deemed to meet the requirements of the School Code [105 ILCS 5/27-8.1];
 - 4) Prior to the date of entering the ninth grade.
- b) For students attending school programs where grade levels are not assigned, examinations shall be completed prior to the date of entering and within one year prior to the school year in which the child reaches the ages of 5, 11, and 15.

- c) For students from other countries who attend classes, regardless of the duration of stay, examinations shall be completed within one year prior to the date of entering the school and at other intervals as provided in this Section.
- d) Additional health examinations and further evaluations of students may be required when deemed necessary by local school authorities.
- e) In programs operated by elementary school systems or secondary level school units or institutions of higher learning, health examinations are recommended for children under 5 years of age at intervals of not less than 2 years.
- f) Lead screening is required as follows:
 - 1) Lead screening is a required part of the health examination for children age six years or younger *prior to admission* to kindergarten or first grade. *Each parent or legal guardian shall provide a statement from a physician or health care provider that the child has been risk assessed if the child resides in an area defined as low risk by the Department, or screened for lead poisoning if the child resides in an area defined as high risk. (Section 7.1 of the Lead Poisoning Prevention Act)*
 - 2) *Physicians and other health care providers shall also screen children age six years and older for lead poisoning in conjunction with the school health examination when, in the medical judgment of the physician, advanced practice nurse, or physician assistant, the child is potentially at high risk of lead poisoning. (Section 6.2 of the Lead Poisoning Prevention Act).*

(Source: Amended at 33 Ill. Reg. 7011, effective May 11, 2009)

Section 665.150 Report Forms

Health examinations shall be reported on the forms that the Department of Public Health and the Illinois State Board of Education prescribe for statewide use. The required form is the Certificate of Child Health Examination provided by the Department. For eye examinations, the required form is the Illinois Department of Public Health Eye Examination Report. For dental examinations, the required form is the Illinois Department of Public Health Dental Examination Report.

- a) For transfer students from out of the State or out of the country, or from a federal Head Start program, a health form that is comparable to the Illinois requirements may be accepted only at the time of first entry into an Illinois school. (A statement by a physician or other health care provider indicating only that an examination was conducted is not acceptable.)

- b) The physical examination shall include gender and date of birth; an evaluation of height, weight, BMI, blood pressure, skin, eyes, ears, nose, throat, mouth/dental; cardiovascular (including blood pressure), respiratory, gastrointestinal, genito-urinary, neurological, and musculoskeletal evaluations; spinal examination; evaluation of nutritional status; lead screening; and other evaluations deemed necessary by the health care provider.
- c) The strongly recommended evaluations include hemoglobin or hematocrit, urinalysis, and testing for sickle cell disease. It is also recommended that the examiner list any medications that the child takes routinely, diet restrictions/needs, special equipment needed, other needs, or known allergies.
- d) The health care provider shall summarize on the report form any condition that he/she suspects indicates a need for special services.
- e) The medical history section of the form shall be completed and signed by the parent or legal guardian of the student. The medical history shall be inclusive, as indicated on the Certificate of Child Health Examination form.
- f) The individual verifying the administration of required immunizations shall record as indicated on the Certificate of Child Health Examination form that the immunizations were administered as required by this Part and any other Department rules requiring immunizations.
- g) Vision and hearing screening are required under the Child Vision and Hearing Test Act [410 ILCS 205] and the Department's rules governing hearing screening (77 Ill. Adm. Code 675) and vision screening (77 Ill. Adm. Code 685). Completion of the vision and hearing screening data section of the Certificate of Child Health Examination is optional.
- h) If the vision and hearing screening data section is completed, it shall be completed with information provided by the vision and hearing screening personnel certified by the Department.
- i) If the student is required to have a sports physical in the year that coincides with the child health examination requirement, the Certificate of Child Health Examination may be accepted as proof of examination for interscholastic sports if the statement regarding participation in interscholastic sports is completed by the health care provider.
- j) The health care provider shall indicate on the form the results of a tuberculosis skin test screening, if conducted.

(Source: Amended at 33 Ill. Reg. 8459, effective June 8, 2009)

Section 665.160 Proof of Examination

- a) Every student who is required by Section 27-2.8(1) of the School Code and Section 665.140 of this Part to have a health examination shall present proof to the local school authority of having had the health examination prior to the date of entrance to school.
- b) For the purpose of this Part, "proof of health examination" refers to completion of the Certificate of Child Health Examination in accordance with Section 665.150.
- c) For the purpose of this Part, "proof of eye examination" refers to completion of the Illinois Department of Public Health Eye Examination Report in accordance with Section 665.150.
- d) For the purpose of this Part, "proof of dental examination" refers to completion of the Illinois Department of Public Health Dental Examination Report in accordance with Section 665.420.

(Source: Amended at 33 Ill. Reg. 8459, effective June 8, 2009)

Section 665.210 Proof of Immunizations

- a) At or about the same time that he/she receives a health examination, every child shall present proof to the local school authority of having received such immunizations against preventable communicable diseases as required by this Part and Section 695.10 of the Immunization Code (77 Ill. Adm. Code 695.10). "Proof" means that the individual administering the required immunizations has verified by recording on the Certificate of Child Health Examination form that the immunizations were administered in accordance with this Part.
- b) Immunizations shall be administered in accordance with the Immunization Code and Section 665.240 of this Part.

(Source: Amended at 29 Ill. Reg. 18127, effective October 24, 2005)

Section 665.220 Local School Authority (Repealed)

(Source: Repealed at 29 Ill. Reg. 18127, effective October 24, 2005)

Section 665.230 School Entrance

- a) Every child, prior to enrolling in any public, private/independent or school (including nursery schools, preschool programs, early childhood Head Start, or other pre-kindergarten child care programs offered or

school or school district) in Illinois shall present to that school proof of against:

- 1) Diphtheria
 - 2) Pertussis
 - 3) Tetanus
 - 4) Poliomyelitis
 - 5) Measles
 - 6) Rubella
 - 7) Mumps
 - 8) Haemophilus influenzae type b (as noted in Section 665.240(f))
 - 9) Hepatitis B (as noted in Section 665.240(g))
 - 10) Varicella (as noted in Section 665.240(h))
- b) The health care provider and/or registered nurse verifying the administration of the required immunizations shall record as indicated on the Certificate of Child Health Examination that the immunizations were administered.
- c) Any child who does not submit proof of having protection by immunity as required must receive the needed vaccine. If, for medical reasons, one or more of the required immunizations must be given after the date of entrance of the current school year, a schedule for the administration of the immunizations and a statement of the medical reasons causing the delay must be signed by the health care provider or registered nurse who will administer the needed immunizations and shall be kept on file at the local school.

(Source: Amended at 29 Ill. Reg. 18127, effective October 24, 2005)

Section 665.240 Basic Immunization

- a) Diphtheria, Pertussis, Tetanus
- 1) Any child 2 years of age or older entering a school program (defined nursery schools, pre-school programs, early childhood programs, Start, or other pre-kindergarten child care programs offered or a school or school district) must show proof (see Section 665.250(b)) of having received 4 or more doses of Diphtheria, Tetanus, Pertussis

DTaP) vaccine. The first 3 doses in the series must have been received less than 4 weeks (28 days) apart. The interval between the third and fourth or final dose must be at least 6 months.

- 2) Any child entering school, kindergarten or first grade, for the first time must show proof (see Section 665.250(b)) of having received 4 or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine with the last dose being a booster and having been received on or after the fourth birthday. The first 3 doses in the series must have been received no less than 4 weeks (28 days) apart. The interval between the third and fourth or final dose must be at least 6 months. Children 6 years of age and older may receive Tetanus, Diphtheria (Td) vaccine in lieu of DTP or DTaP vaccine. Pertussis vaccine is not medically recommended for children 7 years of age or older.
- 3) Any child entering school at a grade level not included in subsection (a)(1) or (2) of this Section must show proof (see Section 665.250(b)) of receiving 3 or more doses of DTP, DTaP, pediatric DT or adult Tetanus, Diphtheria (Td) with the last dose being a booster and having been received on or after the fourth birthday. The first 2 doses in the series must have been received no less than 4 weeks (28 days) apart. The interval between the second and third or final doses must be at least 6 months.
- 4) Receipt of pediatric Diphtheria Tetanus (DT) vaccine in lieu of DTP or DTaP is acceptable only if the pertussis component of the vaccine is medically contraindicated. Documentation of the medical contraindication must be verified as specified in Section 665.520.
- 5) If 10 years have elapsed since the last booster, an additional Td booster is required. Receipt of Tetanus Toxoid (T.T.) vaccine is not acceptable in fulfilling this requirement.

b) Polio

- 1) Any child 2 years of age or older entering a school program (defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) must show proof (see Section 665.250(b)) of having received 3 or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)). Doses in the series must have been received no less than 4 weeks (28 days) apart.
- 2) Any child entering school at any grade level, K-12, must show proof (see Section 665.250(b)) of having received 3 or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)). A child who received any combination of IPV and

must show proof of having received at least 4 doses, with the last dose having been received on or after the fourth birthday. Doses in the must have been received no less than 4 weeks (28 days) apart. A child who received IPV exclusively or OPV exclusively must show proof of having received at least 3 doses, with the last dose having been on or after the fourth birthday. Doses in the series must have been received no less than 4 weeks (28 days) apart.

c) Measles

- 1)** Any child 2 years of age or older entering a school program (defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) must show proof (see Section 665.250(b)) of having received one dose of live measles virus vaccine on or after the first birthday, or other proof of immunity described in Section 665.250(c).
- 2)** Children entering at any grade level, K-12, must show evidence of having received 2 doses of live measles virus vaccine, the first dose on or after the first birthday and the second dose no less than 4 weeks (28 days) after the first or other proof of immunity described in Section 665.250(c).
- 3)** For students attending school programs where grade levels (K-12) are not assigned, including special education programs, proof of 2 doses of live measles virus vaccine as described in subsection (c)(2) of this Section shall be submitted prior to the school year in which the child reaches the ages of 5, 10, and 15.

d) Rubella

Any child 2 years of age or older entering a school program at any grade level, including nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district, must show proof (see Section 665.250(b)) of receiving at least one dose of rubella vaccine on or after the first birthday. Proof of disease is not acceptable unless laboratory evidence of rubella immunity is presented (see Section 665.250(d)).

e) Mumps

Any child 2 years of age or older entering a school program at any grade level, including nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district, must show proof (see Section 665.250(b)) of receiving at least one dose of mumps vaccine on or after the first birthday. Proof of disease, if verified by a physician licensed to practice medicine in all of its branches, or laboratory evidence of mumps immunity may be substituted for proof of vaccination (see Section 665.250(e)).

f) Haemophilus influenzae type b (Hib)

- 1) Any child 2 years of age or older entering a school program (defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) must show proof of immunization that complies with the Hib vaccination schedule in Appendix B of this Part.**
- 2) Children 24-59 months of age who have not received the primary series of Hib vaccine, according to the Hib vaccination schedule, must show proof of receiving one dose of Hib vaccine at 15 months of age or older.**
- 3) Any child 5 years of age or older shall not be required to provide proof of immunization with Hib vaccine.**

g) Hepatitis B

- 1) Any child 2 years of age or older entering a school program (defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) must show proof (see Section 665.250(b)) of having received 3 doses of hepatitis B vaccine. The first 2 doses must have been received no less than 4 weeks (28 days) apart. The interval between the second and third dose must be at least 2 months. For children entering a school program for the first time on or after July 1, 2002, the interval between the first dose and the third dose must be at least 4 months. The third dose must have been administered on or after 6 months of age. Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination (see Section 665.250(f)).**
- 2) Children entering the fifth grade for the first time between July 1997 and June 30, 2002 must show evidence of having received 3 doses of hepatitis B vaccine. The first 2 doses must have been received no less than 4 weeks (28 days) apart. The interval between the second and third dose must be at least 2 months. Proof of prior or current infection, if verified by laboratory evidence, may be submitted for proof of vaccination (see Section 665.250(f)).**
- 3) Children entering the fifth grade for the first time on or after July 1, must show evidence of having received 3 doses of hepatitis B vaccine, other proof of immunity described in Section 665.250(f). The first 2 must have been received no less than 4 weeks (28 days) apart. The interval between the second and third dose must be at least 2 months. interval between the first and third dose must be at least 4 months.**

of prior or current infection, if verified by laboratory evidence, may submitted for proof of vaccination (see Section 665.250(f)).

- 4) The third dose of hepatitis B vaccine is not required if it can be documented that the child received 2 doses of adult formulation Recombivax-HB vaccine (10 mcg) and was 11-15 years of age at the time of vaccine administration, and the interval between receipt of the 2 doses was at least 4 months.

h) Varicella

- 1) Any child 2 years of age or older entering a school program under the kindergarten level (defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) for the first time on or after July 1, 2002, must show proof (see Section 665.250(b)) of having received one dose of varicella vaccine on or after the first birthday, proof of prior varicella disease as described in Section 665.250(g), or laboratory evidence of varicella immunity.
- 2) Children entering kindergarten for the first time on or after July 1, 2002, must show proof of having received at least one dose of varicella vaccine on or after the first birthday, proof of prior varicella disease as described in Section 665.250(g), or laboratory evidence of varicella immunity.
- 3) For students attending school programs where grade levels are not assigned, proof of having received at least one dose of varicella vaccine on or after the first birthday or other proof of immunity as described in subsection (h)(2) of this Section shall be submitted prior to the school year in which the child reaches the age of 5.

(Source: Amended at 26 Ill. Reg. 10689, effective July 1, 2002)

Section 665.250 Proof of Immunity

- a) Proof of immunity shall consist of documented evidence of the child having received a vaccine (verified by a health care provider, defined as a physician, child care or school health professional, or health official) or proof of disease (as described in subsections (c) through (f)). As used in this Section, "physician" (see Section 665.130) means a physician licensed to practice medicine in all of its branches (M.D., D.O.).
- b) Day and month is required if it cannot otherwise be determined that the vaccine was given after the minimum interval or age.

- c) Proof of prior measles disease must be verified with date of illness signed by a physician or laboratory evidence of measles immunity. A diagnosis of measles disease made by a physician on or after July 1, 2002 must be confirmed by laboratory evidence.
- d) The only acceptable proof of immunity for rubella is evidence of vaccine (dates, see subsection (b)) or laboratory evidence of rubella immunity.
- e) Proof of prior mumps disease must be verified with date of illness signed by a physician or laboratory evidence of mumps immunity.
- f) Proof of prior or current hepatitis B infection must be verified by laboratory evidence. Laboratory evidence of prior or current hepatitis B infection is only acceptable if one of the following serologic tests indicates positivity: HBsAg, anti-HBc and/or anti-HBs.
- g) Proof of prior varicella disease must be verified with:
 - 1) date of illness signed by a physician; or
 - 2) a health care provider's interpretation that a parent's or legal guardian's description of varicella disease history is indicative of past infection; or
 - 3) laboratory evidence of varicella immunity.

(Source: Amended at 26 Ill. Reg. 10689, effective July 1, 2002)

Section 665.260 Booster Immunizations

Booster immunizations are required as prescribed in Section 665.240.

(Source: Amended at 29 Ill. Reg. 18127, effective October 24, 2005)

Section 665.270 Compliance with the School Code

A child shall be considered in compliance with the health examination and immunization requirement in Section 27-8.1 of the School Code if all applicable immunizations that a child can medically receive are given prior to entering school and a signed statement from a health care provider is presented indicating when the remaining medically indicated immunization will be administered. Local school authorities shall monitor immunization schedules to assure their completion. If a child is delinquent for a scheduled appointment for immunization, he/she is no longer considered to be in compliance.

(Source: Amended at 29 Ill. Reg. 18127, effective October 24, 2005)

Section 665.280 Physician Statement of Immunity

A physician licensed to practice medicine in all of its branches, who believes a child to be protected against a disease for which immunization is required may so indicate in writing, stating the reasons, and certify that he/she believes the specific immunization in question is not necessary or indicated. Such a statement should be attached to the child's school health record and accepted as satisfying the medical exception provision of the regulation for that immunization. These statements of lack of medical need will be reviewed by the Department with appropriate medical consultation. After review, if student is no longer considered to be in compliance, the student is subject to the exclusion provision of the law.

(Source: Amended at 18 Ill. Reg. 4296, effective March 5, 1994)

Section 665.290 List of Non-immunized Students

An accurate list shall be maintained at every attendance center of all children who have not presented proof of immunity against diphtheria, pertussis (to age 6), tetanus, poliomyelitis, measles, rubella, mumps, Haemophilus influenzae type b (as noted in Section 665.240(f)), hepatitis B (as noted in Section 665.240(g)), or Varicella (as noted in Section 665.240(h)).

(Source: Amended at 29 Ill. Reg. 18127, effective October 24, 2005)

Section 665.310 Vision and Hearing Screening

Vision and hearing screening tests shall be conducted in accordance with the Department's rules titled Hearing Screening (77 Ill. Adm. Code 675) and Vision Screening (77 Ill. Adm. Code 685).

(Source: Amended at 29 Ill. Reg. 18127, effective October 24, 2005)

Section 665.410 Dental Examination Requirement

Except as otherwise provided in this Subpart, all children in kindergarten and the second and sixth grades of any public, private, or parochial school shall have a dental examination in accordance with the timetable set forth in Section 665.420. The examination shall be performed by a licensed dentist. Each public, private, and parochial school must give notice of this dental examination requirement to the parents and guardians of students at least 60 days before May 15 of each school year. (Section 27-8.1(1.5) of the School Code)

(Source: Amended at 29 Ill. Reg. 18127, effective October 24, 2005)

Section 665.420 Dental Examination Timetable

- a) *Before May 15 of the school year, each child in kindergarten and the second and sixth grades shall present to the school proof of having been examined by a dentist in accordance with Section 27-8.1(1.5) of the School Code and the requirements of this Part. (Section 27-8.1(1.5) of the School Code) The*

examination must have taken place within 18 months prior to May 15 of the school year.

- b) For the purposes of subsection (a), "proof of having been examined by a dentist" means submission of a Department-prescribed dental examination form, signed and dated by a licensed dentist.
- c) *If a child in the second or sixth grade fails to present proof of having been examined by a dentist by May 15, the school may hold the child's report card until one of the following occurs:*
 - 1) *the child presents proof of a completed dental examination. (Section 27-8.1(1.5) of the School Code) Submission of a completed examination form, in accordance with subsection (b), constitutes proof of a completed dental examination;*
 - 2) *the child presents proof that a dental examination will take place within 60 days after May 15. (Section 27-8.1(1.5) of the School Code) A written statement or appointment card, prepared by a dentist, dental hygienist, or his or her designee and signed by the child's parent or guardian, indicating the name of the child and the date and time of the scheduled dental examination, constitutes proof that a dental examination will take place. The child must present proof of a completed dental examination at the beginning of the following school year; or*
 - 3) *the child presents a dental examination waiver form, in accordance with Section 665.450 of this Part.*

(Source: Amended at 29 Ill. Reg. 18127, effective October 24, 2005)

Section 665.430 Dental Examination

The dental examination shall be recorded on the dental examination form prescribed by the Department for statewide use. The form is available on the Department's website. The completed form shall be presented to the local school authority.

(Source: Amended at 29 Ill. Reg. 18127, effective October 24, 2005)

Section 665.440 Guidelines (Repealed)

(Source: Repealed at 29 Ill. Reg. 18127, effective October 24, 2005)

Section 665.450 Waiver of Dental Examination Requirement

Children who show an undue burden or a lack of access to a dentist shall receive a waiver from the requirement for a dental examination. (Section 27-8.1(1.5) of the School Code) With the notice required in Section 665.410, the school or district shall provide notice of the availability of a waiver from the dental examination requirement, and shall include a Department-prescribed form that may be used to demonstrate the child's eligibility for a waiver.

- a) For the purposes of this Section, an undue burden or lack of access to a dentist includes, but is not limited to, the following circumstances:
 - 1) The child is enrolled in the free and reduced lunch program and is not covered by private or public (Medicaid/KidCare) dental insurance.
 - 2) The child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid/KidCare).
 - 3) The child is enrolled in Medicaid/KidCare, but the parent or guardian is unable to find a dentist or dental clinic in the community that is able to see the child and accepts Medicaid/KidCare.
 - 4) The child does not have any type of dental insurance, and there are no low-cost dental clinics in the community that will see the child.
- b) The dental examination waiver form shall be submitted to the school by May 15 of the school year. If the dental examination waiver form is not submitted by May 15, the school may hold the child's report card until the dental examination waiver form is submitted.

(Source: Added at 29 Ill. Reg. 18127, effective October 24, 2005)

Section 665.510 Objection of Parent or Legal Guardian

Parents or legal guardians who object to health, dental or eye examinations or any part thereof, or to immunizations, or to vision and hearing screening tests, on religious grounds shall not be required to submit their children or wards to the examinations or immunizations to which they so object if such parents or legal guardians present to the appropriate local school authority a signed statement of objection, detailing the grounds for the objection. (Section 27-8.1(8) of the School Code) The objection must set forth the specific religious belief that conflicts with the examination, immunization or other medical intervention. The religious objection may be personal and need not be directed by the tenets of an established religious organization. General philosophical or moral reluctance to allow physical examinations, eye examinations, immunizations, vision and hearing screening, or dental examinations will not provide a sufficient basis for an exception to statutory requirements. The local school authority is responsible for determining whether the written statement constitutes a valid religious objection. The local school authority shall inform the parent or legal guardian of measles outbreak control exclusion procedures in accordance with the Department's rules, Control of Communicable Diseases Code (77 Ill. Adm. Code 690) at the time the objection is presented.

(Source: Amended at 33 Ill. Reg. 8459, effective June 8, 2009)

Section 665.520 Medical Objection

- a) Any medical objection to an immunization must be:
 - 1) Made by a physician licensed to practice medicine in all its branches indicating what the medical condition is,
 - 2) Endorsed and signed by the physician on the certificate of child health examination and placed on file in the child's permanent record.
- b) Should the condition of the child later permit immunization, this requirement will then have to be met. Parents or legal guardians must be informed of measles outbreak control exclusion procedures when such objection is presented per Section 665.510.

Section 665.610 Eye Examination Requirement

- a) *All children enrolling in kindergarten in a public, private, or parochial school and any student enrolling for the first time in a public, private, or parochial school shall have an eye examination. Each of these children shall present proof of having been examined by a physician who performs eye examinations or an optometrist within the previous year (within one year prior to the date of entering school), in accordance with Section 27-8.1(1.10) of the School Code and this Part before October 15 of the school year. (Section 27-8.1(1.10) of the School Code)*
- b) The eye examination requirement does not apply to children enrolling in preschool.
- c) The required eye examination shall be completed within one year prior to the first day of the school year in which the child enters kindergarten or the child enters the Illinois school system for the first time, whether in a public, private, or parochial school. For students attending school programs where grade levels are not assigned, eye examinations shall be completed within one year prior to the first day of the school year of the child's first entry into the Illinois school system.
- d) *An eye examination shall at a minimum include history, visual acuity, subjective refraction to best visual acuity near and far, internal and external examination, and a glaucoma evaluation, as well as any other tests or observations that in the professional judgment of the doctor are necessary. (Section 27-8.1(2) of the School Code)*

- e) In addition to the requirements of subsection (d), optometrists shall include measurements of binocular acuity and ocular motility, and color vision screening in the required eye examination, as required by the Illinois Optometric Practice Act of 1987 [225 ILCS 80].

(Source: Amended at 33 Ill. Reg. 8459, effective June 8, 2009)

Section 665.620 Vision Examination (Repealed)

(Source: Repealed at 33 Ill. Reg. 8459, effective June 8, 2009)

Section 665.630 Eye Examination Report

The eye examination shall be recorded on the Department of Public Health Eye Examination Report prescribed by the Department for statewide use (see Appendix A). The report form is available on the Department's website. The completed form shall be presented to the local school authority.

(Source: Amended at 33 Ill. Reg. 8459, effective June 8, 2009)

Section 665.640 Indigent Students (Repealed)

(Source: Repealed at 33 Ill. Reg. 8459, effective June 8, 2009)

Section 665.650 Waiver of Eye Examination Requirement

Children who show an undue burden or a lack of access to an optometrist or to a physician who provides eye examinations shall receive a waiver from the requirement for an eye examination. (Section 27-8.1(1.10) of the School Code) The school or district shall make a waiver from the eye examination requirement available and, if requested by the parent or guardian, shall provide a Department-prescribed waiver form that shall be used to demonstrate the child's eligibility for a waiver (see Appendix C).

- a) For the purpose of this Section, an undue burden or lack of access to an optometrist or to a physician who performs eye examinations includes, but is not limited to:
 - 1) The child is enrolled in medical assistance/ALL KIDS, but the parent or guardian is unable to find an optometrist or physician in the community who performs eye examinations, who is able to see the child and who accepts medical assistance/ALL KIDS.
 - 2) The child does not have any type of medical or vision/eye insurance coverage and does not qualify for medical assistance/ALL KIDS, there no low-cost clinics in the community that provide eye examinations as required in Section 665.610 and that will see the child, and the parent

guardian has exhausted all other means and does not have sufficient income to provide the child with an eye examination.

- b) The Eye Examination Waiver Form shall be submitted to the school by October 15 of the school year. If the Eye Examination Waiver Form is not submitted by October 15, the school may hold the child's report card until the Eye Examination Waiver Form is submitted.

(Source: Added at 33 Ill. Reg. 8459, effective June 8, 2009)

Section 665.700 Diabetes Screening Requirement

A diabetes screening shall be included as a required part of each health examination. Diabetes testing is not required, but is recommended. (Section 27-8.1 of the School Code) Diabetes screening is the assessment of an asymptomatic individual for risk factors for the purpose of identifying whether the individual is likely to have diabetes. Diabetes testing is the performance of diagnostic tests (e.g., glucose tolerance test), in a health care setting, on an individual who exhibits signs or symptoms of diabetes.

(Source: Added at 29 Ill. Reg. 18127, effective October 24, 2005)

Section 665.710 Diabetes Screening

- a) A diabetes screening shall include an assessment of whether a child is overweight (see Section 665.720) and an assessment of the following risk factors:
 - 1) Family history of type 2 diabetes in first and second degree relatives;
 - 2) Member of an ethnic minority group, including American Indians, African Americans, Hispanic Americans, Asian/South Pacific Islanders; and
 - 3) Signs of insulin resistance or conditions associated with insulin resistance, including acanthosis nigricans, hypertension, dyslipidemia, or polycystic ovarian syndrome.
- b) Results of the diabetes screening shall be documented on the Certificate of Child Health Examination form.

(Source: Added at 29 Ill. Reg. 18127, effective October 24, 2005)

Section 665.720 Testing Recommendations

- a) The Consensus Panel of the American Diabetes Association (ADA) recommends that if an individual is overweight and has any two of the risk factors identified in Section 665.710, diabetes testing should be done every two years, starting at age 10 years or at the onset of puberty, if it occurs at an earlier age.

- b) A child shall be considered to be overweight if one of the following exists:
- 1) BMI > 85th percentile for age and sex; or
 - 2) Weight for height > 85th percentile; or
 - 3) Weight > 120 % of ideal weight for height.
- c) Clinical judgment should be used in deciding whether to test for diabetes in children who do not meet these criteria.

(Source: Added at 29 Ill. Reg. 18127, effective October 24, 2005)

AUTHORITY: Implementing and authorized by Section 27-8.1 of the School Code [105 ILCS 5/27-8.1] and Section 6.2 of the Lead Poisoning Prevention Act [410 ILCS 45/6.2].

SOURCE: Emergency rule adopted at 4 Ill. Reg. 38, p. 275, effective September 10, 1980, for a maximum of 150 days; emergency rule adopted at 4 Ill. Reg. 41, p. 176, effective October 1, 1980, for a maximum of 150 days; adopted at 5 Ill. Reg. 1403, effective January 29, 1981; codified at 8 Ill. Reg. 8921; amended at 11 Ill. Reg. 11791, effective June 29, 1987; amended at 13 Ill. Reg. 11565, effective July 1, 1989; amended at 13 Ill. Reg. 17047, effective November 1, 1989; emergency amendment at 14 Ill. Reg. 5617, effective March 30, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14543, effective August 27, 1990; amended at 15 Ill. Reg. 7706, effective May 1, 1991; amended at 18 Ill. Reg. 4296, effective March 5, 1994; amended at 20 Ill. Reg. 11950, effective August 15, 1996; emergency amendment at 21 Ill. Reg. 11966, effective August 15, 1997, for a maximum of 150 days; emergency expired on January 1, 1998; amended at 26 Ill. Reg. 5921, effective July 1, 2002; amended at 26 Ill. Reg. 10689, effective July 1, 2002; amended at 29 Ill. Reg. 18127, effective October 24, 2005; emergency amendment at 32 Ill. Reg. 8778, effective May 30, 2008, for a maximum of 150 days; emergency expired October 26, 2008; emergency amendment at 32 Ill. Reg. 9055, effective June 6, 2008, for a maximum of 150 days; emergency expired November 2, 2008; amended at 33 Ill. Reg. 7011, effective May 11, 2009; amended at 33 Ill. Reg. 8459, effective June 8, 2009.

QUESTIONS & ANSWERS REGARDING SCHOOL HEALTH RECORD ISSUES

Compiled in consultation with, IDHS, ISBE and IDPH programs impacted by the Child Health Examination Code

September 2011

1. **Can a nurse practitioner or physician's assistant sign the "Child Health Examination form"?**

RESPONSE: Section 27-8.1 in the School Code of Illinois was amended on July 19, 2002 (Public Act 92-0703) to allow advanced practice nurses (APNs) and physician assistants (PAs) who perform a health examination to sign the health exam form. The APN or PA must have signed the health examination form on or after the effective date of the Act (7/19/02) for it to be acceptable.

2. **If a person other than an APN or PA has sign-off authority from the physician, can they sign the physician's name and then their name on the health exam form?**

RESPONSE: No. Section 27-8.1 in the School Code of Illinois states, that if anyone other than a physician, APN or PA performs any part of a health examination, then a physician must review and sign all required forms.

3. **If the "Certificate of Child Health Examination" form has a physician stamp instead of an actual signature, is this acceptable?**

RESPONSE: Yes, if a physician signature stamp is used.

4. **Who can sign the Immunization History portion of the "Certificate of Child Health Examination" form?**

RESPONSE: Physician, nurse in physician's office, school nurse, record keeper in schools, local health agency, etc.

5. **Is a local health department stamp acceptable?**

RESPONSE: No. A local health department stamp will ONLY be acceptable if the Immunization History portion of the health form was stamped prior to the 2002-2003 school year (i.e. health forms stamped during or before the 2001-2002 school year will be "grandfathered" in).

6. **Can the school require the physician conducting the physical exam to complete the immunization history section of the Certificate of Child Health Examination form?**

RESPONSE: No. Section 665.250 in the Child Health Examination Code provides that

“Proof of immunity shall consist of documented evidence of the child having received a vaccine (verified by a health care provider, defined as a physician, child care or school health professional or health official) or proof of disease (as described in subsections (c) through (f))”. It should be recognized that the physician may not always have knowledge of the child’s immunization history.

7. **Is it acceptable to the State Board of Education and the Illinois Department of Public Health Immunization Section to attach an immunization record (i.e. immunization record from a local health department, Cornerstone report) to the “Certificate of Child Health Examination” form and indicate in the Immunization section of the form to see attached immunization history documentation? (Some schools are hesitant about transferring immunization dates from another health record to the Certificate of Child Health Examination form.)**

RESPONSE: Yes, if there is a notation in the Immunization section of the form that refers to the attached documentation and the person attaching the documentation makes it known by signing their name in the health care provider verifying the immunization history signature space and on the attachment verifying the dates.

8. **Will the State Board of Education “cite” a school if the parent does not sign the health history section of the “Certificate of Child Health Examination” form?**

RESPONSE: The health history section is a required part of the “Certificate of Child Health Examination”.

9. **If the parent does not complete the health history section of the form, can I ask them to complete one and attach it to the physical?**

RESPONSE: Yes, a health history can be completed, dated and signed by the parent and attached to the physical examination form.

10. **Can I still accept physicals done on the old two page form?**

RESPONSE: No, the current required form is the 2-page form dated 01-05, which includes the Diabetes Risk Assessment.

The Child Health Examination Code requires that all mandated school physicals “shall be reported on the uniform forms that the Department of Public Health and the Illinois State Board of Education prescribe for statewide use. Some electronic forms have been approved for use and a statement denoting that approval will appear on the form. These forms will closely resemble the State mandated form. If you have additional questions contact Vyki Jackson, 217-785-4525, for further assistance.

11. What type of “out-of-state” physical exam forms are acceptable? (i.e. many “out-of-state” health examination forms do not include sufficient information to determine compliance with the Physical Examination Requirements section on the “Certificate of Child Health Examination” form.)

RESPONSE: Out-of-state forms are only accepted for students transferring into Illinois schools for the first time. The exam must have been completed within one year prior to the date of entry into an Illinois school and must cover all “required” elements as listed on the Certificate of Child Health Examination form. See section 665.150 b. of the Child Health Examination code.

12. When did the change requiring physicals for entry into 6th grade instead of 5th grade take affect?

RESPONSE: Beginning school year 2009-2010, all students entering sixth grade need to present a physical examination that was performed within one year prior to the date of entry.

13. Who is responsible for reviewing physician notes?

RESPONSE: Physician notes which state that a child is “adequately immunized” or which indicate “no additional vaccine is needed” **must** be sent to regional IDPH Immunization Staff for review (Section 665.280).

The IDPH rules and regulations **do not** acknowledge the “4 day grace period” that many providers apply. When physicians administer vaccinations “off schedule,” they will need to submit notes on these circumstances for review by IDPH.

During the time physician notes are under review by IDPH staff, students will be considered “In Compliance, but Unprotected.”

14. Are children entering kindergarten required to be vaccinated against hepatitis B?

RESPONSE: No, hepatitis B vaccination is required for children attending preschool and for the 2011-2012 school year, all children entering grades 5 through 12 should be vaccinated. This would include any student who transfers in from an out-of-state school that would be entering those grades that are required to comply.

15. Will varicella vaccination requirements be progressive like hepatitis B requirements?

RESPONSE: Yes, the varicella vaccine requirement is a progressive requirement and grades will continue to be added until 2014, when all students enrolling will be expected

to have protection. Varicella vaccination requirements for school year 2011-12 will include children who attend Preschool, Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th and 9th grades. Any student who transfers in from out-of-state in any of those grades is required to comply with varicella vaccination requirements.

When counting intervals for all vaccines, especially with hepatitis B, day one is the day after the vaccine was administered. The day vaccine was administered is considered Day Zero, you count from the next day and day 28 can be the earliest the next dose is given.

- 16. If a non-immunized child is excluded from school because of a measles outbreak, does the school district have to provide homebound tutoring?**

RESPONSE: If the child is non-immunized because of a medical objection they may be eligible for homebound tutoring.

- 17. When a school transfers a record to another school, should they keep the original record or keep a copy?**

RESPONSE: ISBE does not have an official position. It is recommended that the original follow the student and a copy be kept at the school the student transferred from.

- 18. Who is responsible for maintaining the "Certificate of Child Health Examination" form for students attending out-of-district classes (i.e. special education students)?**

RESPONSE: Both districts. The original should be maintained by the district in which the child resides. Copy should be kept by the school where the child attends out-of-district classes. Questions should be directed to ISBE at 217/782-3950.

- 19. For record keeping purposes, are medical records (containing physical exam and immunization information) part of the student's "permanent record"?**

RESPONSE: Yes. The Certificate of Child Health Examination form is part of the permanent record and must be kept for a period of 60 years.

- 20. Can Immunization Program staff recommend that schools keep the medical record (containing the student's immunization history) separate from the student's cumulative record?**

RESPONSE: Staff can recommend it be kept separate, but can't require it.

- 21. Who is required to be screened for lead?**

RESPONSE: Children six months through six years of age entering day care, preschool or kindergarten shall provide a statement from a physician or health care provider that the

child has been screened or assessed for lead poisoning. A doctor or nurse must administer and sign the IDHP, Lead Risk Assessment Questionnaire. The law adheres to the recommendations of the American Academy of Pediatrics. The IDPH, Lead Poisoning Prevention Code and Lead Risk Assessment Questionnaire may be found on the IDPH website, www.idph.state.il.us. Questions should be addressed to the IDPH, Illinois Lead Program at 217/782-3517.

22. Is lead screening required?

RESPONSE: The Child Health Examination code says, "Lead screening is a required part of the health examination for children age six years or younger prior to admission to kindergarten or first grade.

Each parent or legal guardian shall provide a statement from a physician or health care provider that the child has been risk assessed using the Lead Risk Assessment Questionnaire if the child resides in an area defined as low risk by the Department, or screened (Blood Lead Tested) for lead poisoning if the child resides in an area defined as high risk. (Section 7.1 of the Lead Poisoning Prevention Act)"

23. What is Lead Program's expectation for completion of the lead section on the health exam form?

RESPONSE:

1. Completion of the section "Blood Test Indicated? Yes or No."
2. If "Yes" is indicated, "Blood Test Date" or "date referred for testing" should be completed.

If the lead section of the form is not completed by the child's health care provider, a nurse can administer the questionnaire and mark that section "yes or no", refer for the blood test if indicated and note the date of the referral on the form.

3. There is no requirement that the school obtain the actual blood test results.

If the lead section of the health examination is not completed by the health care provider or nurse, the form is incomplete and cannot be accepted for school enrollment.

24. Do students need to have a TB skin test?

RESPONSE: There are no IDPH rules and regulations that require the initial or routine skin testing of school children for TB. However, the local health department, TB board or IDPH may, after considering community factors, institute routine, periodic testing when a community, school, or school district has a higher than expected prevalence of infection.

The TB Control Program recommends that children be assessed individually and skin tested by the Mantoux method if they are

- in a high risk group such as children who are immunosuppressed due to HIV infection or other conditions,
- recent immigrants from high prevalence countries-see CDC Travelers Health Yellow Book on website, or
- exposed to adults in high-risk categories (see CDC guidelines).

Some school districts require TB skin testing as part of the school health examination.

TB skin testing requirements for federal Head Start programs are decided by local Health Services Advisory Committees.

The Department of Children and Family Services requires that children in licensed day care centers receive a Mantoux skin test if the child is in a high-risk group as determined by the examining physician.

Questions should be directed to the TB Control Program at (217) 785-5371.

25. Is diabetes risk assessment a required component of the physical examination?

RESPONSE: Yes. Public Act 93-0530 requires that diabetes screening shall be completed as a required part of each mandated health examination. The Consensus Panel of the American Diabetes Association (ADA) suggests that if an individual is overweight and has any two of the risk factors listed below, they are at risk of developing type 2 diabetes.

Overweight is defined as **BMI>85th** percentile for age and sex

Risk Factors:

1. Family history of type 2 diabetes in first/second-degree relatives.
2. Belonging to a certain race/ethnic groups including American Indians, African-Americans, Hispanic Americans, Asian/South Pacific Islanders.
3. Showing signs of insulin resistance or conditions associated with insulin resistance including: acanthosis nigricans, hypertension, dyslipidemia, polycystic ovarian syndrome.

Results of the diabetes risk assessment must be documented on the Certificate of Child Health Examination form. Beginning school year 2006-07, schools will be cited if risk assessment is not documented on mandated school physicals. Questions should be directed to Vyki Jackson, 217/785-4525 or victoria.jackson@illinois.gov.

26. What are the mandated grades/age for vision and hearing screening?

RESPONSE: Vision and hearing screening are required annually beginning at age 3 in all licensed daycare/preschool programs. Once a child begins school, vision screening is required at grades K, 2 and 8. Hearing screening is required at grades K, 1, 2, and 3. Screening for both vision and hearing must be completed annually on ALL children in special education, children new to the district, and teacher referrals. Screening performed by the doctor's office as part of the school physical does not fulfill the mandate. If there is documentation in the child's file of an eye examination having been done by an optometrist or ophthalmologist within the last 12 months, he/she does not have to be screened.

27. Who can provide mandated vision and hearing screening?

RESPONSE: Screeners who are trained and certified by the IDPH may perform mandated screening.

28. Does the new vision requirement apply to early childhood classes?

RESPONSE: No, the law does not apply to ECE children. The law applies to children entering Illinois schools for the first time at kindergarten or after. So, if a child came from another state or was home schooled and entered the Illinois school system in grade 3 (or 5 or 4 or 9), then the eye examination requirement would apply to that child.

29. What does "enrolling for the first time" mean?

RESPONSE: Any child entering the Illinois school system at the kindergarten level or higher for the first time is required to have the eye examination regardless of grade level. If a child transfers in from another school in Illinois, it would not be first entry into the Illinois school system. If they transfer in from out of state, out of country, or from home schooling, and have never before been in the Illinois school system, then the eye examination would be required. The children receiving the mandated eye examination are NOT included on the vision conservation annual report of screening activity. Children who are non-compliant with the eye examination requirement would still be screened and counted on the vision conservation annual report to IDPH.

30. How are children who receive the eye exam counted on the vision conservation annual report?

RESPONSE: The children receiving the mandated eye examination are NOT included on the vision conservation annual report of screening activity. Children who are non-compliant with the eye examination requirement would still be screened and counted on the vision conservation annual report to DPH.

31. Do you know if this will change the Vision screening requirements?

RESPONSE: This will not change the requirements of the Il Child Vision and Hearing Test Act. The new law does not apply to pre-kindergarten. For kindergarten children, the same rules apply as before. If there is documentation of an eye examination having been done within the last 12 months in the child's file, he/she does not have to be screened.

32. What do I do if I receive an eye examination form that has not been completed in its entirety?

RESPONSE: According to ISBE, you should ask for another form that has all requested information completed, including the pieces of information that are missing on the form that has been received.

33. The parents are NOT signing the Consent of Parent or Guardian Box on the eye examination form. Does that matter?

RESPONSE: This is not an issue for the Illinois State Board of Education. It is the responsibility of the school district to decide whether it will accept an eye examination form without a parent/guardian signature (in the Consent of Parent or Guardian Box).

34. Who should I contact if I have vision and hearing screening questions?

RESPONSE: Questions should be directed to the IDPH Division of Health Assessment & Screening at 217/782-4733. **Vision and hearing questions can also be sent to the DPH.VisionandHearing@ILLINOIS.GOV mailbox.** You can add your contact information for the listserv by sending an email to the address given above with a request to be added to the listserv.

35. Who can give medications and sign the forms for medications to be given?

RESPONSE: Guidelines for medication administration are available on the DHS website at www.dhs.state.il.us/chp/ofh/SchoolHealth. Contact Vyki Jackson, 217-785-4525 with further questions.

36. Which questions should be referred to the Illinois State Board of Education (ISBE) and which ones to DHS School Health Program?

RESPONSE: Questions regarding the religious objection, enforcement of the rules, and general questions regarding the School Code should be referred to ISBE. Child health examination questions should be directed to Vyki Jackson, 217/785-5368 or victoria.jackson@illinois.gov. Questions regarding Vision and Hearing should be

directed to IDPH Division of Vision & Hearing at 217/782-4733. Questions regarding ISBE reporting should be addressed to Md. Shafiqul Azam at 217-782-3950 or mazam@isbe.net.

37. When can a child be excluded from school for noncompliance with physical examination and immunization requirements?

RESPONSE: If a child does not comply by October 15, or by the earlier established date of the current school year, with all of the physical examination and immunization requirements, then the local school authority shall exclude that child from school until such time as the child presents proof of having had the **health examination as required** and presents proof of having received those required immunizations which are medically possible to receive. **Required components of the health examination include: health history, diabetes screening, lead risk assessment or testing, and complete physical examination.**

38. Can students who are enrolled in Special Education be excluded from school for noncompliance with health examination and immunization requirements?

RESPONSE: The requirements for health examinations and immunizations apply to all children except those who have been granted an exemption due to religious convictions or medical concerns. If an exemption has not been sought and granted, the district can exclude a special education student in the same manner as a regular education student.

39. Can a student who is "homeless" be excluded from school for failure to comply with physical examination and immunization requirements?

RESPONSE: The McKinney-Vento Homeless Assistance Act requires that schools provide support to homeless children in need of physicals and immunizations for school enrollment. The enrolling school must immediately refer the parent or guardian to the LEA homeless liaison, who must assist in obtaining the immunizations or records by helping to enroll the child in AllKids, arranging appointments for physicals and immunizations and providing transportation if necessary. If, after exhausting all efforts, the parent fails to keep appointments or complete paperwork such as that needed for AllKids enrollment the child may be excluded.

40. If excluded, does the school have to provide homebound tutoring?

RESPONSE: A district would only have to provide homebound tutoring to a child enrolled in special education who is excluded if they extended that service to a child enrolled in regular education.

41. Is dental examination required?

RESPONSE: Before May 15 of the school year, each child in kindergarten and the second and sixth grades shall present to the school proof of having been examined by a dentist in accordance with Section 27-8.1(1.5) of the School Code.

42. Where can I find the most current dental examination report form?

RESPONSE: The form is available on IDPH website at www.idph.state.il.us. The date on the form is to be the actual date of the exam.

43. What are the consequences for failure to provide a report of dental examination?

RESPONSE: If a child in the second or sixth grade fails to present proof of having been examined by a dentist by May 15, the school may hold the child's report card until one of the following occurs:

- 1) the child presents proof of a completed dental examination. (Section 27-8.1(1.5) of the School Code) Submission of a completed examination form, in accordance with subsection (b), constitutes proof of a completed dental examination;
- 2) the child presents proof that a dental examination will take place within 60 days after May 15. (Section 27-8.1(1.5) of the School Code) A written statement or appointment card, prepared by a dentist, dental hygienist, or his or her designee and signed by the child's parent or guardian, indicating the name of the child and the date and time of the scheduled dental examination, constitutes proof that a dental examination will take place. The child must present proof of a completed dental examination at the beginning of the following school year; or
- 3) the child presents a dental examination waiver form, in accordance with Section 665.450

44. Can a school the student is transferring from refuse to send a copy of a physical and immunization record to a new school if there are outstanding fees due?

RESPONSE: It is the position of the Illinois State Board of Education that the school physical is the property of the parent and that the school may not withhold it. The school must also, at the minimum, provide an unofficial transcript of the student's grades.

Call the ISBE Educator and School Development Division at 217-782-2948 if you have questions.

SchoolQ&As
Revised 9-16-10 vjj
Revised 8-1-11 vjj



Pat Quinn, Governor
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CHILD HEALTH EXAMINATION CODE 665 and
ACIP RECOMMENDATIONS FOR THE "4 DAY GRACE PERIOD"

It has been noted that some physicians are submitting letters regarding vaccines that were administered at less than minimum intervals, and the physicians are stating that the immunizations should be considered as valid.

The Illinois Department of Public Health fully supports and endorses current joint recommendations of the American Academy of Pediatrics and the U.S. Public Health Services Advisory Committee on Immunization Practices and the American Academy of Family Physicians.

According to the Child Health Examination Code Part 665 Rule 665.280 allows a physician who believes a child to be protected against a disease for which immunization is required, may so indicate in writing, stating the reasons and certify that he/she believes the specific immunization in question is not necessary or indicated. These statements of lack of medical need are reviewed by the Department with appropriate medical consultation

As a general rule, vaccine doses should not be administered at intervals less than these minimum intervals or earlier than the minimum age. This is consistent with the vaccine licensing and recommendations from the ACIP (Advisory Committee for Immunization Practices). The "General Recommendation on Immunizations" (MMWR, January 28, 2011/60 RR-01);1-64) states: "In clinical practice, vaccine doses occasionally are administered at intervals less than the minimum interval or at ages younger than the minimum age. Doses administered too close together or at too young an age can lead to a suboptimal immune response." **ACIP recommends that physicians and other health-care providers comply with local or state vaccination requirements when scheduling and administering vaccines.** ACIP recommends that vaccine doses administered ≤ 4 days before the minimum interval or age may be counted as valid **after reviewed by the Medical Issues Review Committee.** "Doses administered ≥ 5 days earlier than the minimum interval or age should not be counted as valid doses and should be repeated as age-appropriate.

It has also been asked if the Illinois School Code has adopted these guidelines, and if the Illinois State Board of Education (ISBE) plan on changing the Code to include the grace period. ISBE does not change the School Code, the Rules and Regulations are promulgated by the Illinois Department of Public Health (IDPH) under the authority of the statute [105 ILCS 5/27-8.1]. The School Code of Illinois does not speak to Rule 665.280, that is part of the Rules and Regulations that falls under IDPH guidance. At this time IDPH does not intend to introduce that exception to the Rules and Regulations. Any immunization that is administered at less than the minimum interval or age, is handled on an individual basis.

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Minimum Immunization Requirements for Those Entering a Child Care Facility or School in Illinois, September 2011

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 Td Diphtheria, Tetanus, Pertussis	Three doses by 1 year of age One additional 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 and received on or after the 4 th birthday Beginning school year 2011-2012*: Students entering 6 th grade: 1 dose of Tdap Grades 7-12: 1 dose of Tdap unless already received	Minimum Interval: between series doses: 4 weeks (28 days) between series and booster: 6 months
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)
Measles	One dose on or after the 1 st birthday but prior to 24 months of age	2 doses of Measles Vaccine, the 1 st dose must have been received on or after the 1 st birthday, and the second dose no less than 4 weeks (28 days) later.	2 doses of Measles Vaccine, the 1 st dose must have been received on or after the 1 st birthday, and the second dose no less than 4 weeks (28 days) later.	Minimum Interval 4 weeks (28 days) Laboratory evidence of measles immunity OR Certified physician verification* of measles disease by date of illness *Cases diagnosed after 7/1/02 must include lab evidence
Rubella	One dose on or after the 1 st birthday but prior to 24 months of age	Vaccine administered on or after the 1 st birthday	Vaccine administered on or after the 1 st birthday	Laboratory evidence of rubella immunity
Mumps	One dose on or after the 1 st birthday but prior to 24 months of age	History of disease is not acceptable proof of immunity to rubella Vaccine administered on or after the 1 st birthday		Laboratory evidence of mumps immunity OR Certified physician verification of mumps disease by date of illness
Haemophilus influenzae type b	See Hib vaccination schedule	Not required after the 5 th birthday (60 months of age)		Refer to Hib vaccination schedule
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	Students entering 5 th grade beginning school year 1997-98: Three doses administered at proper interval (Following this 5 th grade cohort, the requirement will progress through the grades)	Minimum Intervals between doses: 1 & 2 - at least 4 weeks (28 days) 2 & 3 - at least 2 months (56 days) AND STARTING SCHOOL 2002-03: Childcare & 5 th grade entrants: must have at least 4 months between dose 1 and 3 Laboratory evidence of prior or current infection
Varicella	Children entering beginning in the Fall 2002: 1 dose on or after the 1 st birthday	Children entering Kindergarten beginning 2002-03 school year 1 dose on or after the 1 st birthday (Following this Kindergarten cohort, the requirement will progress through the grades)		Laboratory evidence of prior or current infection
Pneumococcal (Prevnar)	Age-appropriate vaccination of all infants > 2 months of age beginning 1.1.08	Not required		Statement from physician or health care provider verifying disease history OR Laboratory evidence of varicella immunity

Source: Child Health Examination Code/Part 665, Immunization Code/Part 695, Public Act 095-0159
Prepared by: Illinois Department of Public Health Immunization Section, October 2011
*Tdap rules adopted 9.27.11., published in Illinois Register by 10.14.11; ISBE will determine actual date for compliance.

2011-12
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2011 Binational Immunization Resource Tool for Children from Birth Through 18 Years

Vaccine doses administered in Mexico may be counted as valid in the United States (including vaccines not licensed for use in the U.S.) if the dose or doses are documented in writing (including the date of administration) and comply with the minimum intervals and minimum ages as recommended by the Advisory Committee on Immunization Practices. See *MMWR* 2011;60(No.RR-2), <http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf>.

Vaccines for Infants and Adolescents

MEXICO

USA

DOSES RECOMMENDED BY AGE		DOSES RECOMMENDED BY AGE	
Td 12 years DPT 4 through 6 years Sabin (OPV) 2 doses per year from 6 to 59 months of age (in addition to prior 2 doses of IPV)	Antihpatitis B at birth, 2, 6 months ¹	DISEASES epatitis B H. influenzae type b Tos Ferina / Pertussis ifteria / Diphtheria Tétanos / Tetanus ollomielitis / Polio	HepB birth, 2, 6 through 18 months Hib 2, 4, 6 ¹ , 12 through 15 months DTaP 2, 4, 6, 12 through 18 months, 4 through 6 years IPV 2, 4, 6 through 18 months, 4 through 6 years RotaTeq 2, 4, 6 months or Rotarix 2, 4 months
	Pentavalente Acelular³ 2, 4, 6, 18 months		Comvax 2, 4, 12 through 15 months Tdap 11 through 12 years (required in many states for 7th grade entry) ⁴
	Rotarix 2, 4 months Neumocócica Conjugada (PCV7) 2, 4 months 12 through 15 months Influenza (yearly) 6 through 59 months, 60 months through 9 years (high risk only)	otavirus eumococo / Pneumococcal Influenza	Pediarix 2, 4, 6 months Pentacel 15 through 18 months months Pediarix 2, 4, 6 months Kinrix 4 through 6 years
	Triple Viral SRP 12 months, 6 years Varicela 12 months ² Antihpatitis A 12, 18 months ²	aramplón / Measles ubéola / Rubella arotiditis / Mumps Varicela / Varicella	PPSV23 2 through 18 years (high risk) MMRV 12 through 15 months 4 through 6 years
	BCG at birth	epatitis A enIngooccal (Not offered in Mexico) Virus del Papiloma Humano / uman Papillomavirus Tuberculosis (Not offered in the U.S.)	MMRV 12 through 15 months 4 through 6 years

FOOTNOTES

¹For those who have not had the full series by age 12 years, give two doses 1 month apart at 12 years

²Available in certain areas

Vacunas Combinadas/ Vaccination Combinations

Triple Viral SRP = MMR

Cuadruple = DPT + Hib

³Pentavalente Acelular = DTaP + IPV + Hib (August 2007 to present)

Pentavalente = DPT + Hib + HepB (Prior to July 2007)

FOOTNOTES

* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time. Children who only got one dose in their first year of vaccination should get two doses the following year.

** For a listing of Tdap requirements for secondary schools, visit <http://www.immunize.org/laws/tdap.asp>

§ Depending on which Hib vaccine is used, a child may not need the dose at 6 months of age.

Vaccination Combinations

Pediarix = DTaP-HepB-IPV

Comvax = Hib-HepB

ProQuad = MMRV

Pentacel = DTaP-IPV/Hib

Kinrix = DTaP-IPV

See back for immunization tool protocol and translation of common terms

Binational Tool Protocol

1. Determine what immunizations are needed for the child based on his and her age and the United States' Recommended Immunization Schedule (<http://www.cdc.gov/vaccines/recs/schedules/downloads/child/0-6yrs-schedule-pr.pdf>).

2. Review the child's Mexican Immunization Record (Cartilla Nacional de Vacunación). This is the official document used throughout Mexico to record immunizations given to children and adolescents (birth through 19 years old). The record is used both in the private and public sector.

The table below provides translations of terms that may be found on a Mexican Immunization Record.

English	Spanish
January	Enero
February	Febrero
March	Marzo
April	Abril
May	Mayo
June	Junio
July	Julio
August	Agosto
September	Septiembre
October	Octubre
November	Noviembre
December	Diciembre
Month(s)	Mes(es)
Years(s)	Año(s)
At birth	Al nacer

CARTILLA NACIONAL DE VACUNACIÓN

DATOS GENERALES

Nombre: **Robles** Apellido: **Ramos** Sexo: **F** Fecha de nacimiento: **20/1/2008** Lugar de nacimiento: **DQB**

Datos de registro

Fecha de registro: **20/1/2008** Lugar de registro: **DQB**

ESQUEMA BÁSICO DE VACUNACIÓN

VACUNA: **BCG** EDAD: **20 meses** FECHA DE VACUNACIÓN: **20/1/2008**

SABIN

PRIMERA: **20/1/2008** SEGUNDA: **20/1/2008** TERCERA: **20/1/2008**

HEPATIS B

PRIMERA: **20/1/2008** SEGUNDA: **20/1/2008**

Antineumocócica

PRIMERA: **20/1/2008**

Demographic Information

The first section on the inside of this document contains demographic information.

- Name Section includes "primer y segundo apellido" (first and second last name) or paternal and maternal last names, respectively.
- Dates in Mexico are written Day/Month/Year (dd/mm/aa). For instance 20/1/2008 is Jan 20, 2008

Basic Immunization Schedule

The second part of the document contains information on the basic childhood immunization schedule, outlined in 5 columns:

- 1- VACUNA (Vaccine)
 - 2- ENFERMEDAD QUE PREVIENE (Preventable Disease)
 - 3- DOSIS (Dose)
 - 4- EDAD (Age)
 - 5- FECHA DE VACUNACIÓN (Date of Vaccine Administration)
- Dates of vaccine administration are recorded in pen.
- Next due date is always recorded in pencil.
- Clinic stamp or signature of person administering

Private Sector Vaccines

Vaccines administered in the private sector are recorded in the gray section: OTRAS (other)

3. Match Mexican records with left side of guide (Mexico Doses Recommended by Age).

4. Review any immunization records obtained in the United States.

5. Match the U.S. records with right side of guide (USA Doses Recommended by Age).

6. Check footnotes, as they contain important information about combination vaccines. For example, in Mexico, Pentavalente Acular is a combination vaccine, which includes DTaP, IPV, and Hib.

7. If a given vaccination recommendation for particular vaccine preventable disease is fulfilled for EITHER side of the vaccination chart, the child/adolescent can be considered vaccinated against that disease.

8. Check for contraindications, provide Vaccine Information Statement (VIS), and discuss any questions with the parent. Then, administer any vaccinations that are due or need to be caught up.

9. Document in official chart and patient's personal medical record any vaccinations that are given.

10. Encourage patient to obtain available medical records from all clinicians and healthcare providers in the future and continue to document vaccinations received. Patient should be encouraged to take these records to any subsequent healthcare visits.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

ILLINOIS DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION SECTION Regional Contacts for Schools

Updated 11.15.11

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If you have questions about immunizations, please call 800-526-4372, TTY (hearing impaired use only) 800-547-0466
www.idph.state.il.us

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER i: MATERNAL AND CHILD HEALTH
PART 665 CHILD HEALTH EXAMINATION CODE
SECTION 665.240 BASIC IMMUNIZATION

Section 665.240 Basic Immunization

- a) Diphtheria, Pertussis, Tetanus
- 1) Any child two years of age or older entering a school program (defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) shall show proof (see Section 665.250(b)) of having received four or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine. The first three doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the third and fourth or final dose shall be at least six months.
 - 2) Any child entering kindergarten or first grade for the first time shall show proof (see Section 665.250(b)) of having received four or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine, with the last dose being a booster and having been received on or after the fourth birthday. The first three doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the third and fourth or final dose shall be at least six months. Children 6 years of age and older may receive Tetanus, Diphtheria (Td) vaccine in lieu of DTP or DTaP vaccine.
 - 3) Any child entering school at a grade level not included in subsection (a)(1) or (2) of this Section shall show proof (see Section 665.250(b)) of receiving three or more doses of DTP, DTaP, pediatric DT or adult Tetanus, Diphtheria (Td) with the last dose being a booster and having been received on or after the fourth birthday. The first two doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the second and third or final doses shall be at least six months.
 - 4) Receipt of pediatric Diphtheria Tetanus (DT) vaccine in lieu of DTP or DTaP is acceptable only if the pertussis component of the vaccine is medically contraindicated. Documentation of the medical contraindication shall be verified as specified in Section 665.520.
 - 5) Beginning with school year 2011-12, any child entering sixth grade shall show proof (see Section 665.250(b)) of receiving one dose of Tdap (defined as tetanus, diphtheria, acellular pertussis) vaccine regardless of the interval since the last DTaP, DT or Td dose.
 - 6) Students entering grades seven through 12 who have not already received Tdap are required to receive 1 Tdap dose regardless of the interval since the last DTaP, DT or Td dose.