



Dear Parent/Guardian:

Please note the following requirements for your child for the upcoming 2018-2019 school year at The Frances Xavier Warde School. These medical forms are required and **due by August 1, 2018**. According to ISBE, students who are noncompliant with their physical examinations and immunizations by **October 15<sup>th</sup> will be excluded from school**.

### **New Students (FIRST to EIGHTH Grade) for 2018-2019 School Year**

#### **PHYSICAL EXAMINATION**

1. PHYSICALS: Must be signed by physician, nurse practitioner or physician's assistant.

- If transferring from out of state or out of country, the examination shall be conducted within one year prior to the date of entering school, regardless of grade level and must meet the required elements of the state of Illinois Certificate of Child Health.
- If transferring from an Illinois school, the mandated examination completed prior to the date of entering kindergarten or sixth grade will be accepted.

2. HEALTH HISTORY SECTION needs to be **completed and signed by the parent or legal guardian**. Forms without completed health history are not considered complete!

3. DIABETES RISK QUESTIONNAIRE is required.

4. TUBERCULOSIS SKIN TESTING is recommended.

#### **IMMUNIZATIONS**

1. POLIO: Four or more doses of polio (IPV or OPV), at the appropriate intervals.

2. DIPHTHERIA, TETANUS, PERTUSSIS (DTaP): Four or more doses of DTaP, at appropriate intervals.

3. TETANUS, DIPHTHERIA, ACCELUAR PERTUSSIS (Tdap): **One dose**.

IL Department of Public Health rules mandate that all students enrolled in **grades six, seven and eight** shall show proof of receiving one dose of Tdap vaccine.

4. MMR (MEASLES, MUMPS, RUBELLA): **TWO DOSES** of vaccine, the first being on or after 12 months of age.

5. VARICELLA (chicken pox): Require **two doses**.

6. HEPATITIS B Series: 3 doses at the appropriate intervals.

7. Meningococcal: Students enrolled in **grades six, seven and eight** shall show proof of receiving one dose of meningococcal on or after the 11<sup>th</sup> birthday.

#### **DENTAL EXAMINATION (Entering 2<sup>nd</sup> and 6<sup>th</sup> grade)**

1. Dental examinations dated on or after January 1, 2018.

#### **EYE EXAMINATION**

1. Eye examination dated on or after September 1, 2017.

**EMERGENCY CARE PLAN:** If your child has a medical condition that requires medication administration, please submit Medication Authorization Form (completed by physician) and complete Parent/Guardian Permission Form (available as Electronically Signed Document on Magnus Health). In addition, a Food Allergy Action Plan (completed by physician) is required for all students with food allergies and an Asthma Action Plan (completed by physician) is required for all students with asthma.

All forms can be found on the **Magnus portal** and **submitted through Magnus Health**. Please contact Magnus Health for login information by phone at **877.461.6831** or by email at [service@magnushealthportal.com](mailto:service@magnushealthportal.com).

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