



OUR LADY OF THE WAYSIDE SCHOOL

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All children entering **Kindergarten, 2nd and 6th grades** are required by the state of Illinois to have:

A DENTAL EXAM performed and signed by a licensed dentist.

- Each child is required to present proof of examination by a dentist prior to May 15 of the school year.
- School dental examinations must have been completed within the 18 months prior to the May 15 deadline. (An exam dated November of the prior school year is acceptable for this requirement.)
- **Please complete ALL OF THE INFORMATION on the top half of the form (to be completed by the parent) before presenting it to your dentist.**

<http://www.idph.state.il.us/HealthWellness/oralhlth/DentalExamProof10.pdf>

All children entering **Kindergarten, and any new students from out of state**, are required by the state of Illinois to have:

A VISION EXAM performed and signed by a licensed optometrist or ophthalmologist. (The eye examination requirement does not apply to children enrolling in preschool.)

- Each child is required to present proof of eye examination prior to October 15 of the school year.
- School vision examinations must have been completed within one year prior to the first day of the school year. (An exam dated August of the prior school year is acceptable for this requirement.)
- **Please complete ALL OF THE INFORMATION on the top half of the form before presenting it to the doctor. After the exam, parents must sign in the square at the bottom of the second page.**

<http://www.idph.state.il.us/HealthWellness/EyeExamReport.pdf>

All children entering **Kindergarten and 6th grade, as well as all first time Preschoolers**, are required by the state of Illinois to have:

A PHYSICAL (HEALTH) EXAM performed and signed by a licensed physician.

- Each child is required to present proof of health exam PRIOR TO THE DATE OF ENTERING SCHOOL.
- Physical (health) examinations must have been completed within one year prior to the first day of the school year. (An exam dated on or after their birth date in August the prior year is acceptable for this requirement.)
- **Please complete ALL OF THE INFORMATION on the front AND back top of the form before presenting it to the doctor. Parents must answer the questions on the top/back half of the form regarding the personal health history of the child AND sign and date the form where indicated.**

http://www.isbe.net/pdf/school_health/child-health-exam-form-11-15.pdf

Please click on the above links to print the forms needed to take with for your appointment. Forms should be completed and mailed/returned to school in an envelope marked to the attention of 'school nurse'.

Thank you,
Linda Allen, RN
Sharon Fallon, RN