



MOTHER MCAULEY

Liberal Arts High School

PHYSICALS ARE DUE BY June 4, 2018 TO THE SCHOOL NURSE

Dear Parent/Guardian,

In order for your daughter to be admitted to Mother McAuley Liberal Arts High School, she must have a current physical examination by a physician and up-to-date immunizations as required by Illinois State Law. This information must include all immunizations from birth through grammar school and the dates (month, day, and year) that they were administered.

PLEASE NOTE: Mother McAuley has adopted a "first day exclusion" policy for the 2018-2019 school year. Any student who does not have a completed physical (including all vaccines) turned into the Health office will be sent home and not permitted to attend the first day of classes in August. Any student interested in trying out for a fall sport must have their physical completed by August 9th in order to be considered eligible by the IHSA. Please feel free to contact Mrs. Marcie Keller, school nurse, by email at mkeller@mothermcauley.org with any questions.

You must provide proof of immunization of the following:

DIPHTHERIA, TETANUS & PERTUSSIS (DPT/DTaP or Td) Has received three or more doses of DPT/DTaP or Td with the last dose being a booster received on or after the fourth birthday. Minimum interval between series dose is four weeks. If ten years have elapsed since the last booster, an additional booster is required. Minimum interval between series and booster is six months. **Students entering grades 7-12 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.**

POLIO Has received three or more doses of Polio Vaccine with the last dose being a booster received on or after the fourth birthday. Minimum interval between series dose is four weeks.

MEASLES (RUBEOLA) Has received two doses of Measles Vaccine - the first dose must have been received on or after the first birthday and the second dose no less than four weeks later OR physician diagnosed case with dates and physician certification OR laboratory evidence of Measles immunity.

MUMPS Has received vaccine on or after the first birthday OR physician diagnosed case with dates and physician certification OR laboratory evidence of Mumps immunity.

RUBELLA (GERMAN MEASLES) Has received vaccine on or after the first birthday OR laboratory evidence of Rubella immunity. DISEASE HISTORY NOT ACCEPTABLE.

VARICELLA (CHICKEN POX) Has received two (2) vaccines OR physician diagnosed case with dates and physician certification.

HEPATITIS B Has received three doses of Hepatitis B Vaccine. Minimum interval between doses one and two is at least 28 days. Minimum interval between doses two and three is at least three months OR laboratory evidence of prior or current infection.

NEW REQUIREMENT: MENINGITIS Has received one (1) dose of meningococcal conjugate vaccine on or after the 11th birthday.

Health Examination Forms without the required number of immunizations will be returned as incomplete and admission to school will be delayed until compliance with Illinois State Law is met. If you have changed doctors, obtain the immunization dates from the previous doctor or agency that administered the immunizations. Do not hesitate to ask for this information. If previous medical records are not available, elementary school records bearing a doctor's signature may be used to verify immunization dates, but are not to be used in place of the examination required for entrance to high school. If no records are available, THE ENTIRE SERIES MUST BE REPEATED with a written schedule from the doctor indicating the dates each dose will be given.

If your daughter requires prescription or non-prescription medication, or needs to carry an inhaler during the school day, the doctor and the parent/guardian must also complete the medication/inhaler authorization form.

Please make an appointment with your family doctor to have your daughter's physical examination and immunization records completed as soon as possible. BRING THE CERTIFICATE OF HEALTH EXAMINATION FORM, THIS LETTER, AND THE MEDICATION/INHALER AUTHORIZATION FORM (IF APPLICABLE) WITH YOU.

Please make sure that you have filled out the first two lines of the Health Examination Form and also that the Health History Section on the back side of the form is completed and signed and dated by the parent/guardian.