

PK	<ul style="list-style-type: none"> <li>○ <b>DTP (Diphtheria, Pertussis, Tetanus)</b> Series of four doses appropriately spaced</li> <li>○ <b>Polio (Trivalent, oral or inactivated)</b> Series of three doses appropriately spaced</li> <li>○ <b>MMR (Measles, Mumps, Rubella)</b> One dose on or after the first birthday</li> <li>○ <b>Hib (Haemophilus influenza type b)</b> Per immunization schedule</li> <li>○ <b>Varicella (Chicken Pox)</b> One dose on or after the first birthday</li> <li>○ <b>Hepatitis B</b> Series of three doses appropriately spaced</li> <li>○ <b>Lead Screening for children under 6 years of age</b></li> <li>○ <b>Physical Examination dated within one year of entry into school, documented on State of Illinois Department of Human Services form</b></li> </ul>
K	<ul style="list-style-type: none"> <li>○ <b>DTP (Diphtheria, Pertussis, Tetanus)</b> Four or more doses appropriately spaced with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>Polio (Trivalent, oral or inactivated)</b> Three or more doses (same type of polio vaccine) with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>MMR (Measles, Mumps, Rubella)</b> Series of two doses with the first dose on or after the first birthday and a Measles booster no less than 28 days later</li> <li>○ <b>Varicella (Chicken Pox)</b> One dose on or after the first birthday</li> <li>○ <b>Lead Screening for children under 6 years of age</b></li> <li>○ <b>Physical Examination dated within one year of entry into school, documented on State of Illinois Department of Human Services form</b></li> <li>○ <b>Dental Exam</b> documented on the state form</li> </ul>
1	<ul style="list-style-type: none"> <li>○ <b>DTP (Diphtheria, Pertussis, Tetanus)</b> Four or more doses appropriately spaced with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>Polio (Trivalent, oral or inactivated)</b> Three or more doses (same type of polio vaccine) with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>MMR (Measles, Mumps, Rubella)</b> Series of two doses with the first dose on or after the first birthday and a Measles booster no less than 28 days later</li> <li>○ <b>Varicella (Chicken Pox)</b> One dose on or after the first birthday</li> </ul>
2	<ul style="list-style-type: none"> <li>○ <b>DTP (Diphtheria, Pertussis, Tetanus)</b> Three or more doses appropriately spaced with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>Polio (Trivalent, oral or inactivated)</b> Three or more doses (same type of polio vaccine) with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>MMR (Measles, Mumps, Rubella)</b> Series of two doses with the first dose on or after the first birthday and a Measles booster no</li> </ul>

	<p>less than 28 days later</p> <ul style="list-style-type: none"> <li>○ <b>Varicella (Chicken Pox)</b> One dose on or after the first birthday</li> <li>○ <b>Dental Exam</b> documented on the state form</li> </ul>
3	<ul style="list-style-type: none"> <li>○ <b>DTP (Diphtheria, Pertussis, Tetanus)</b> Three or more doses appropriately spaced with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>Polio (Trivalent, oral or inactivated)</b> Three or more doses (same type of polio vaccine) with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>MMR (Measles, Mumps, Rubella)</b> Series of two doses with the first dose on or after the first birthday and a Measles booster no less than 28 days later</li> <li>○ <b>Varicella (Chicken Pox)</b> One dose on or after the first birthday</li> </ul>
4	<ul style="list-style-type: none"> <li>○ <b>DTP (Diphtheria, Pertussis, Tetanus)</b> Three or more doses appropriately spaced with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>Polio (Trivalent, oral or inactivated)</b> Three or more doses (same type of polio vaccine) with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>MMR (Measles, Mumps, Rubella)</b> Series of two doses with the first dose on or after the first birthday and a Measles booster no less than 28 days later</li> <li>○ <b>Varicella (Chicken Pox)</b> One dose on or after the first birthday</li> </ul>
5	<ul style="list-style-type: none"> <li>○ <b>DTP (Diphtheria, Pertussis, Tetanus)</b> Three or more doses appropriately spaced with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>Polio (Trivalent, oral or inactivated)</b> Three or more doses (same type of polio vaccine) with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>MMR (Measles, Mumps, Rubella)</b> Series of two doses with the first dose on or after the first birthday and a Measles booster no less than 28 days later</li> <li>○ <b>Varicella (Chicken Pox)</b> One dose on or after the first birthday</li> <li>○ <b>Hepatitis B</b> Series of three doses appropriately spaced</li> <li>○ <b>Physical Examination dated within one year of entry into school, documented on State of Illinois Department of Human Services form</b></li> </ul>
6	<ul style="list-style-type: none"> <li>○ <b>DTP (Diphtheria, Pertussis, Tetanus)</b> Three or more doses appropriately spaced with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>Polio (Trivalent, oral or inactivated)</b> Three or more doses (same type of polio vaccine) with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>MMR (Measles, Mumps, Rubella)</b> Series of two doses with the first dose on or after the first birthday and a Measles booster no less than 28 days later</li> <li>○ <b>Hepatitis B</b> Series of three doses appropriately spaced</li> <li>○ <b>Dental Exam</b> documented on the state form</li> </ul>

7	<ul style="list-style-type: none"> <li>○ <b>DTP (Diphtheria, Pertussis, Tetanus)</b> Three or more doses appropriately spaced with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>Polio (Trivalent, oral or inactivated)</b> Three or more doses (same type of polio vaccine) with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>MMR (Measles, Mumps, Rubella)</b> Series of two doses with the first dose on or after the first birthday and a Measles booster no less than 28 days later</li> <li>○ <b>Hepatitis B</b> Series of three doses appropriately spaced</li> </ul>
8	<ul style="list-style-type: none"> <li>○ <b>DTP (Diphtheria, Pertussis, Tetanus)</b> Three or more doses appropriately spaced with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>Polio (Trivalent, oral or inactivated)</b> Three or more doses (same type of polio vaccine) with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>MMR (Measles, Mumps, Rubella)</b> Series of two doses with the first dose on or after the first birthday and a Measles booster no less than 28 days later</li> <li>○ <b>Hepatitis B</b> Series of three doses appropriately spaced</li> </ul>
9 - 12	<ul style="list-style-type: none"> <li>○ <b>DTP (Diphtheria, Pertussis, Tetanus)</b> Three or more doses appropriately spaced with the last dose on or after the 4<sup>th</sup> birthday and a booster every 10 years</li> <li>○ <b>Polio (Trivalent, oral or inactivated)</b> Three or more doses (same type of polio vaccine) with the last dose on or after the 4<sup>th</sup> birthday</li> <li>○ <b>MMR (Measles, Mumps, Rubella)</b> Series of two doses with the first dose on or after the first birthday and a Measles booster no less than 28 days later</li> <li>○ <b>Hepatitis B</b> Series of three doses appropriately spaced</li> <li>○ <b>Physical Examination dated within one year of entry into school, documented on State of Illinois Department of Human Services form</b></li> </ul>