



# OAKVIEW NEWS

## SEPTEMBER 2020

**Ms. Theresa  
Baumann  
Principal**

**Mr. Edward  
Lesniak  
Assistant Principal**

**Office Hours  
6:45 - 3:00**

**Phone  
Number:  
815-485-2125**

Hello Oster-Oakview families!

We are excited to welcome you to the 2020-2021 school year! I would like to take a moment to commend you and your child(ren) on the amazing job you have all been doing with Remote Learning. After working through a few hiccups during Orientation Week I believe we are on our way to a great start with learning. We are all embarking on this new journey and we appreciate your patience and grace as we continue through this time.

Our theme this year is "Find the Champion in You!" Throughout our lives we have many people who are our champions and believe in us even when we don't believe in ourselves. Our goal is to help our students find that Champion in them so that they can face challenges and that they will be able to rise up. We want to teach them how they can meet those challenges head on. Every child needs a champion, but they also need to find the champion in themselves!



**FIND  
THE  
CHAMPION  
IN YOU!**



### 6th grade Physical Requirements

I just wanted to remind you that all 6th graders will need a physical completed for this school year. All physicals need to be turned in no later than October 12th. Please note that a sports physical will not be accepted for the 6th grade physical. I have attached a copy of the State of Illinois Physical form to this newsletter for your convenience.

If you have any questions, please feel free to contact Ms. Baumann or Mrs. McWilliams at Oakview School. (815) 485-2125

**Office Hours  
6:35 - 3:25**

**Phone Number:  
815-485-2125**

**District Website:  
<http://www.nlsd122.org>**

**School Website:  
<http://www.nlsd122.org/schools/oster>**

### SEPTEMBER DATES TO REMEMBER

- 7 - NO SCHOOL - LABOR DAY
- 11 - Patriot Day- wear Red White and Blue
- 15 - School Board Meeting - 6:30
- 18 - NO SCHOOL - TEACHER INSTITUTE
- 25 - Oakview Spirit Day! Wear green, Oakview or Haines gear you show your school pride!
- 30 - Midterm - 1st Trimester

## TECHNOLOGY HELP

If your student is having trouble with their technology, please complete a "tech ticket" by following these steps:

\*Email [tech-help@nlsd122.org](mailto:tech-help@nlsd122.org)

\*Subject: CALL CENTER TICKET

\*Body of Email: Your email address, your phone number, the issue/problem AND what you have done to troubleshoot.

We are also available in the Oakview office for your student to call 815-485-2125. Please encourage your student to reach out and let us help them!

## CALLING YOUR STUDENT OFF OF SCHOOL

Even as we work remotely, your child is expected to participate in school via Zoom each day. If your child will be absent from the online class, please call 815-485-2125 before 7:45 a.m. This is a 24 hour line so you will be able to leave a message if after hours. Leave your child's name, homeroom teacher, and the reason for the absence. If your child is NOT logged on and we have not received a call, one of our secretaries will call to verify his/her absence. If we do not hear from anyone regarding their absence, that student will be marked absent for the day

Hello Oster-Oakview Family and Friends,

My name is Jeremy Kman and I am the Physical Education Teacher here at Oster-Oakview Intermediate School! This is my 5<sup>th</sup> year teaching and my 3<sup>rd</sup> year in New Lenox School District. I will also be coaching 6th grade boys basketball at Caroline Bentley School. I also am the Assistant Varsity Softball Coach at Bremen High School in Midlothian, Illinois. I am looking forward to another great school year in Physical Education at Oakview!

The first couple of weeks of the school year will be very exciting for the students! We will begin the year by establishing and practicing classroom expectations and routines. This past week we learned about our heart and how to calculate our heart rate during various exercises and activities. During the month of September, we will be doing activities that work on our agility and speed, upper body and core, and we will finish out the month with line dancing. I am excited to be back teaching PE (even though it is virtual) and let have a great start to the school year!

## Oster-Oakview Music Happenings

Welcome to the 2020-2021 school year! It has been so nice to see all of the students faces in the virtual music room. I had a hard time during the spring months being away from the students. Let's take a look at what we have started exploring in our first couple weeks of school.

We have started classes this year working on becoming acclimated with being a music student via Zoom. The students have been doing really well remembering their schedule and coming to the virtual music room on time. We have been practicing good Zoom etiquette and learning how to navigate Google Classroom. We are working through the technical difficulties that occur throughout the day and becoming more and more tech savvy as we learn online.

All grade levels have been reviewing rhythm skills. We are also learning how to utilize found sounds, sounds drawn from common objects that are not normally considered particularly "musical", in our lessons. We will start working on grade level specific curriculum in the coming weeks.

SI – I have had a great time meeting all the wonderful students in Mrs. McCure's class. Mrs. Neff is a good friend of mine and has helped me make this transition from Spencer Crossing/Pointe to Oster-Oakview as smooth as possible. We have been singing, moving, and learning about each other. I can't wait to sing, dance and play as a class even more.

### ZOOM REMINDERS

- Remember to keep your microphone off unless prompted to unmute.
- Always keep the camera on during live instruction.
- Stay focused and give your best effort at all times.
- Do not sign out of class until dismissed by the teacher.
- We will get through this! We're in this together! Keep up the great work!



September 1, 2020



# PTO CORNER

New Lenox School District 122 Parent and Teacher Organization supporting all 12 schools in our community

## This Month:

- 9/3/2020- Dine and Donate Tom Kelly's Restaurant and Pub
- 9/6/2020- Read A Book Day
- 9/10/2020- First PTO Zoom evening meeting at 7:00 pm
- 9/17/2020- First PTO Zoom day meeting at 9:30 am
- 9/28/2020- Good Neighbor Day
- 9/29/2020 PTO Fall Gift Cards Fundraiser- Tentative

## September Happenings

Welcome to the 2020 New Lenox PTO school year! We are excited to be sending out our first newsletter of the year! Check out new ways to become active on our website, Facebook page, and our "remind me" links! We also want to give a HUGE SHOUT OUT to our NEW Superintendent Dr. Lori Motsch. Great job to the District and all of our schools for the wonderful start with e-learning! Your time and dedication to our kids really shines!

[www.newlenoxpto.org](http://www.newlenoxpto.org)

### Q: What is PTO?

A: We are parents and teachers who organize fun activities and products that bring us together as a community. We like to look at it as room parents outside of school. These organized events also fund many extra fun for the kids inside school. It's a win/win for everyone.

### Q: How do you become an ACTIVE member?

A: Simple! Join us on the Remind Me link to see upcoming events, volunteer when needed, start a mini PTO at your school that will connect us as a whole, create a fun activity with a committee or simply help fill small tasks to eliminate larger tasks. You can be all in or in just a little it is up to you! We can add you to our email when you sign up!

*"Alone we can do so little; together we can do so much!..."*

*-Helen Keller*

## Your Support

Thank you to everyone for ordering masks with "Fully Promoted" We were able to raise funds by selling over 600 masks to our families. Pick up should be this week so please watch for an announcement. As for Calendars, we are truly saddened to not being able to print calendars due to the many changes in our school year as well as the inability to effectively distribute the calendars. We hope to keep you up to date as best as we can for this school year. We hope everyone enjoyed OY's Dine and Donate in August.

## Next Month:

- 10/12/2020- Columbus Day
- 10/13/2020- PTO Fall Gift Cards Due- Tentative
- 10/16/2020- PTO Meeting
- 10/19/2020- Dine and Donate @ Chicago Dough

Email us: [nlsd122pto@gmail.com](mailto:nlsd122pto@gmail.com)



## Join the PTO!

2020/2021 Executive Board Members: Melissa Langford, Kara King, Kathy Maynard, Cara Weingartner, and Laura Francisco

# NEW LENOX SCHOOL DISTRICT 122 | 2020-2021 CALENDAR (Sept. Revision)

**Gray**=School Day  
**Red**=Holiday (No School)  
**Blue**=Teacher Institute (No School)  
**Green**=Teacher SIP-School Improvement Day (1/2 Day of School)  
**Orange**=PT Conferences (No School)  
**Purple**=Emergency Days  
**Tan**=Teacher Record's Day (No School)  
**Yellow**=New Teacher Orientation  
**Light Blue**=Remote Learning Training Day  
**Brown**=Full Day Remote Learning Training/Institute Day (No School)  
**Bold**=Pay Day

JULY 2020						
S	M	T	W	Th	F	S
			1	2	<b>3</b>	4
5	6	7	8	9	10	11
12	13	14	15	16	<b>17</b>	18
19	20	21	22	23	24	25
26	27	28	29	30	<b>31</b>	

JANUARY 2021						
S	M	T	W	Th	F	S
					<b>1</b>	2
3	<b>4</b>	5	6	7	8	9
10	11	12	13	14	<b>15</b>	16
17	<b>18</b>	19	20	21	22	23
24	25	26	27	28	<b>29</b>	30
31						

- 5 School Resumes
- 18 M.L. King Day (No School)

- 3 Teachers May Return
- 13 New Teacher Meeting
- 14 New Teacher Meeting
- 17 New Teacher Meeting
- 18 Teacher Institute
- 19 Teacher Institute
- 20 Remote Learning Training
- 21 Remote Learning Training
- 24 First Day of School
- 24-28 "Soft Open" (1/2 Days for Grades 1-8)
- 31 First Full Day of School

AUGUST 2020						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	<b>14</b>	15
16	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	22
23	24	25	26	27	<b>28</b>	29
30	<b>31</b>					

FEBRUARY 2021						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	<b>12</b>	13
14	<b>15</b>	16	17	18	19	20
21	22	23	24	25	<b>26</b>	27
28						

- 12 Teacher SIP Day (1/2 Day of School)
- 15 Presidents' Day (No School)

- 7 Labor Day (No School)
- 18 Full Day Remote Learning Training/Institute Day (No School)

SEPTEMBER 2020						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	<b>7</b>	8	9	10	<b>11</b>	12
13	14	15	16	17	<b>18</b>	19
20	21	22	23	24	<b>25</b>	26
27	28	29	30			

MARCH 2021						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	<b>12</b>	13
14	15	16	17	18	19	20
21	22	23	24	25	<b>26</b>	27
28	<b>29</b>	<b>30</b>	<b>31</b>			

- 26 Teacher Institute (No School)
- 29 Spring Break Begins

- 12 Columbus Day (No School)
- 30 Teacher SIP Day (1/2 Day of School)

OCTOBER 2020						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	<b>9</b>	10
11	<b>12</b>	13	14	15	16	17
18	19	20	21	22	<b>23</b>	24
25	26	27	28	29	<b>30</b>	31

APRIL 2021						
S	M	T	W	Th	F	S
				<b>1</b>	<b>2</b>	3
4	<b>5</b>	6	7	8	<b>9</b>	10
11	12	13	14	15	16	17
18	19	20	21	22	<b>23</b>	24
25	26	27	28	29	30	

- 5 Easter Monday (No School)
- 6 School Resumes

- 3 State Election Day (Mandatory No School)
- 20 Teacher SIP Day (1/2 Day of School)
- 23 PT Conference (No School)
- 24 PT Conference (No School)
- 25-27 Thanksgiving Break (No School)

NOVEMBER 2020						
S	M	T	W	Th	F	S
1	2	<b>3</b>	4	5	<b>6</b>	7
8	9	10	11	12	13	14
15	16	17	18	19	<b>20</b>	21
22	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	28
29	<b>30</b>					

MAY 2021						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	<b>7</b>	8
9	10	11	12	13	14	15
16	17	18	19	20	<b>21</b>	22
23	24	25	26	27	<b>28</b>	29
30	<b>31</b>					

- 7 Teacher SIP Day (1/2 Day of School)
- 28 Tentative Last Day Teacher SIP Day (1/2 Day of School)
- 31 Memorial Day (No School)

**Graduation: May 26<sup>th</sup>**

- 21 Winter Break Begins

DECEMBER 2020						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	<b>18</b>	19
20	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	26
27	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>		

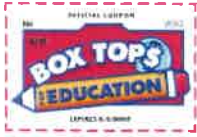
JUNE 2021						
S	M	T	W	Th	F	S
					<b>1</b>	5
6	<b>7</b>	8	9	10	11	12
13	14	15	16	17	<b>18</b>	19
20	21	22	23	24	25	26
27	28	29	30			

	TRI 1	TRI 2	TRI 3
<b>Start</b>	8-20	11-12	2-25
<b>Mid T</b>	9-30	1-14	4-16
<b>End</b>	11-11	2-24	5-28
<b>Report Cards</b>	11-20	3-5	5-28



# LOOK FOR BOX TOPS ON HUNDREDS OF PRODUCTS!

THE ALL-NEW BOX TOPS IS HERE!  
DOWNLOAD THE APP:



**CLIP:** Traditional Box Tops clips are being phased out of production, but you can still send unexpired clips to school. Every valid Box Tops clip is worth 10¢.



**SCAN:** If you see this label, **do not send it to school.** Use the new Box Tops app to scan your store receipt within 14 days of purchase. The app will find participating products and instantly add Box Tops to your school's earnings online.



## BEVERAGES

- Nestlé® Pure Life® Fruity Water Apple 6.75 oz 8-Pack
- Nestlé® Pure Life® Fruity Water Watermelon 6.75 oz 8-Pack
- Nestlé® Pure Life® Fruity Water Tropical Twist 6.75 oz 8-Pack
- Nestlé® Pure Life® Water .5-Liter 24, 28, 32, 35-Packs
- Nestlé® Pure Life® Water 8 oz 6, 12, 24 & 56-Packs
- Nestlé® Pure Life® Water 11.15 oz 6-Pack



## MEALS & SIDES

- Annie's® Mac & Cheese
- Annie's® One Pot Pasta
- Annie's® Soup
- Hamburger Helper™
- Chicken Helper™
- Tuna Helper™
- Old El Paso™ Beans
- Old El Paso™ Taco Kit
- Old El Paso™ Tortillas
- Old El Paso™ Shells



## SNACKS

- Annie's® Bunny Cookies
- Annie's® Bunny Grahams
- Annie's® Cheddar Bunnies
- Annie's® Cheddar Squares
- Annie's® Cookies
- Annie's® Crackers
- Annie's® Fruit Snacks
- Annie's® Granola Bars
- Annie's® Popcorn
- Annie's® Snack Bars
- Annie's® Snack Mix
- Bugles™
- Cascadian Farm™ Granola
- Cascadian Farm™ Granola Bars
- Cascadian Farm™ Protein Bars
- Cereal Treat Bars
- Chex™ Mix
- Fiber One™ Bars
- Fiber One™ Brownies
- Fiber One™ Cheesecake Bars
- Fiber One™ Cookies
- Food Should Taste Good™ Chips
- Fruit by the Foot™
- Fruit Roll-Ups™
- Gardetto's™
- General Mills™ Fruit Snacks
- Gushers™
- LARABAR™ Kid
- LARABAR™ Minis Multipack
- LARABAR™ Original Multipack
- LARABAR™ Protein Multipack
- Mott's® Fruit Snacks
- Nature Valley™ Bars
- Nature Valley™ Biscuits
- Nature Valley™ Bites
- Nature Valley™ Granola Cups
- Nature Valley™ Layer Bars
- Nature Valley™ Snack Mix
- Nature Valley™ Squares
- Nature Valley™ Wafer Bars



## CEREAL & BREAKFAST

- Ancient Grains Cheerios™
- Annie's® Cereal
- Annie's® Toaster Pastries
- Apple Cinnamon Cheerios™
- Apple Cinnamon Toast Crunch™
- Banana Nut Cheerios™
- Basic 4™ Cereal
- Big G Cereal Breakfast Pack (8 Pouches)
- Berry Berry Kix™
- Birthday Cake Cookie Crisp™
- Blueberry Cheerios™
- Blueberry Chex™
- Blueberry Toast Crunch™
- Boo Berry™
- Cascadian Farm Cereal™
- Cheerios™
- Cheerios™ Oat Crunch Cinnamon
- Chocolate Cheerios™
- Chocolate Chex™
- Chocolate Lucky Charms™
- Chocolate Peanut Butter Cheerios™
- Chocolate Toast Crunch™
- Cinnamon Chex™
- Cinnamon Toast Crunch™
- Cinnamon Toast Crunch™ Churros
- Cinnamon Toast Crunch™ Shreds
- Cocoa Puffs™ Cereal
- Cookie Crisp™ Cereal
- Corn Chex™ Cereal
- Count Chocula™
- Dippin Dots™ Cereal
- Drumstick™ Cereal
- Fiber One™ Cereal
- Fillows™ Cereal
- Franken Berry™
- French Toast Crunch™
- Frosted Cheerios™
- Frosted Lucky Charms™
- Fruity Cheerios™
- Girl Scouts™ Cereal
- Golden Grahams™
- Honey Kix™
- Honey Nut Cheerios™
- Honey Nut Cheerios™ Crunch
- Honey Nut Chex™
- Kix™ Cereal
- Lucky Charms™
- Maple Cheerios™
- Mermaid Cereal
- Multigrain Cheerios™
- Nature Valley™ Cereal
- Nature Valley™ Granola
- Oatmeal Crisp™ Cereal
- Peach Cheerios™
- Peanut Butter Chex™
- Peanut Butter Chocolate Shreds™ Cereal
- Protein Cheerios™ Oat & Honey
- Pumpkin Spice Cheerios™
- Raisin Nut Bran™
- Reese's Puffs™
- Rice Chex™
- Star Wars™ Cereal
- Strawberry Toast Crunch™
- Sugar Cookie Toast Crunch™
- Toasted Coconut Cheerios™
- Total™ Cereal
- Trix™ Cereal
- Vanilla Chex™
- Very Berry Cheerios™
- Wheat Chex™
- Wheaties™



## SCHOOL & OFFICE SUPPLIES

- Boise® POLARIS® Premium Paper
- Boise® X-9® Paper
- Paper Mate® Arrowhead® Erasers
- Paper Mate® Clearpoint® Mechanical Pencils
- Paper Mate® Colored Pencils
- Paper Mate® Comfortmate Ultra™
- Paper Mate® Correction Pens
- Paper Mate® DryLine® Products
- Paper Mate® Eagle® Pens
- Paper Mate® Eraser Mate®
- Paper Mate® Expressions® Erasers
- Paper Mate® Flair® Felt Tip Pens
- Paper Mate® Flexgrip® Elite
- Paper Mate® Flexgrip® Ultra
- Paper Mate® Gel Pens
- Paper Mate® Flexgrip® RT
- Paper Mate® Handwriting
- Paper Mate® Holiday
- Paper Mate® Infinite Lead
- Paper Mate® Inkjoy® Ballpoint Pens
- Paper Mate® Inkjoy® Gel Pens
- Paper Mate® Inkjoy® Stylus 2-in-1
- Paper Mate® Lead Refills
- Paper Mate® Liquid Flair®
- Paper Mate® Liquid Paper® Fast Dry
- Paper Mate® Markers
- Paper Mate® Mirado® Woodcase Pencils
- Paper Mate® Pens
- Paper Mate® Pink Pearl® & White Pearl® Erasers
- Paper Mate® Profile®
- Paper Mate® Profile® Elite
- Paper Mate® Quick Flip™
- Paper Mate® Sharpwriter® Mechanical Pencils
- Paper Mate® Speederase
- Paper Mate® Write Bros. Pens
- Paper Mate® Write Bros. Mechanical Pencils

### CLIP-ONLY PRODUCTS

A few brands have opted not to participate in the digital program; however, you can still find Box Tops clips on these products during the packaging transition. Be sure to send them to your school before they expire.

- Annie's® Condiments
- Betty Crocker™ Suddenly Salad
- Betty Crocker™ Suddenly Potatoes
- Bisquick™
- Cascadian Farm™ Frozen Fruit
- Cascadian Farm™ Frozen Vegetables

- Select Finish® Products
- Select Hefty® Products
- Select Kleenex® Products
- Old El Paso™ Seasonings
- Old El Paso™ Sauces
- Pillsbury™ Frozen Biscuits

- Select Reynolds® Products
- Select Scott® Products
- Totino's™ Single Serve Pizza
- Select Ziploc® Products



## BAKING

- Annie's® Biscuits
- Annie's® Cinnamon Rolls
- Annie's® Cookies
- Annie's® Crescents
- Annie's® Dry Baking Mix
- Annie's® Dry Brownie Mix
- Annie's® Dry Cake Mix
- Annie's® Dry Cookie Mix
- Betty Crocker™ Cookie Mix
- Immaculate® Biscuits
- Immaculate® Cinnamon Rolls
- Immaculate® Cookies
- Immaculate® Crescents
- Immaculate® Pie Crust
- Pillsbury™ Birthday Cake Bars 6ct
- Pillsbury™ Chocolate Fudge Brownies 6ct
- Pillsbury™ Grands!™ Refrigerated Biscuits
- Pillsbury™ Refrigerated Biscuits
- Pillsbury™ Refrigerated Breadsticks
- Pillsbury™ Refrigerated Brownies
- Pillsbury™ Refrigerated Cinnamon Rolls
- Pillsbury™ Refrigerated Cookie Dough
- Pillsbury™ Refrigerated Crescents
- Pillsbury™ Refrigerated French Bread
- Pillsbury™ Refrigerated Pie Crust
- Pillsbury™ Refrigerated Pizza
- Pillsbury™ Refrigerated Shape Cookies



## FROZEN

- Annie's® Bagel Pizzas
- Annie's® Pizza Bagels
- Annie's® Pizza Poppers
- Cinnamon Toast Crunch™ Bites
- Pillsbury™ Mini Cinn
- Pillsbury™ Pancakes
- Pillsbury™ Toaster Scambles
- Pillsbury™ Toaster Strudel
- Totino's™ Party Pizza (4-pack only)
- Totino's™ Pizza Rolls



## REFRIGERATED & DAIRY

- Mountain High™ Yoghurt
- Oui™ Multipack
- Yoplait® 32oz Tubs
- Yoplait® Go-GURT® Yogurt
- Yoplait® Go-Gurt® Dunkers
- Yoplait® Kid
- Yoplait® Multipack
- Yoplait® Single Cups (Purchased in Increments of 5)



## HOUSEHOLD CLEANING

- Lysol® Disinfectant Spray
- Lysol® Disinfecting Wipes
- Lysol® Toilet Bowl Cleaner



## State of Illinois Certificate of Child Health Examination

<b>Student's Name</b>			<b>Birth Date</b>	<b>Sex</b>	<b>Race/Ethnicity</b>	<b>School /Grade Level/ID#</b>																					
Last	First	Middle	Month/Day/Year																								
<b>Address</b>			<b>Parent/Guardian</b>		<b>Telephone # Home</b>		<b>Work</b>																				
Street			City		Zip Code																						
<b>IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for <i>every</i> dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.</b>																											
REQUIRED Vaccine / Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6											
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR									
<b>DTP or DTaP</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>Tdap; Td or Pediatric DT</b> (Check specific type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>Polio</b> (Check specific type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>Hib</b> Haemophilus influenza type b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>Pneumococcal Conjugate</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>Hepatitis B</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>MMR</b> Measles Mumps, Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>Varicella</b> (Chickenpox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>Meningococcal conjugate (MCV4)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose</b>									<b>Comments:</b>																		
<b>Hepatitis A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HPV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Influenza</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other: Specify Immunization Administered/Dates</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.</b>																											
<b>Signature</b>			<b>Title</b>			<b>Date</b>																					
<b>Signature</b>			<b>Title</b>			<b>Date</b>																					
<b>ALTERNATIVE PROOF OF IMMUNITY</b>																											
<b>1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.</b> <b>*MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR</b>																											
<b>2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.</b> Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease. <b>Date of Disease</b> _____ <b>Signature</b> _____ <b>Title</b> _____																											
<b>3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/>Measles* <input type="checkbox"/>Mumps** <input type="checkbox"/>Rubella <input type="checkbox"/>Varicella Attach copy of lab result.</b> *All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence. **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.																											
<b>Completion of Alternatives 1 or 3 MUST be accompanied by Labs &amp; Physician Signature: _____</b> Physician Statements of Immunity MUST be submitted to IDPH for review.																											

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

Last			First			Middle			Birth Date Month Day/Year			Sex	School			Grade Level/ ID		
<b>HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER</b>																		
<b>ALLERGIES</b> (Food, drug, insect, other)			Yes	No	List:			<b>MEDICATION</b> (Prescribed or taken on a regular basis)			Yes	No	List:					
Diagnosis of asthma?			Yes	No				Loss of function of one of paired organs? (eye/ear/kidney/testicle)			Yes	No						
Child wakes during night coughing?			Yes	No				Hospitalizations? When? What for?			Yes	No						
Birth defects?			Yes	No				Surgery? (List all.) When? What for?			Yes	No						
Developmental delay?			Yes	No				Serious injury or illness?			Yes	No						
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.			Yes	No				TB skin test positive (past/present)?			Yes*	No	*If yes, refer to local health department.					
Diabetes?			Yes	No				TB disease (past or present)?			Yes*	No						
Head injury/Concussion/Passed out?			Yes	No				Tobacco use (type, frequency)?			Yes	No						
Seizures? What are they like?			Yes	No				Alcohol/Drug use?			Yes	No						
Heart problem/Shortness of breath?			Yes	No				Family history of sudden death before age 50? (Cause?)			Yes	No						
Heart murmur/High blood pressure?			Yes	No				Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other										
Dizziness or chest pain with exercise?			Yes	No				Information may be shared with appropriate personnel for health and educational purposes.										
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____																		
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)																		
Ear/Hearing problems?			Yes	No				<b>Parent/Guardian Signature</b>			<b>Date</b>							
Bone/Joint problem/injury/scoliosis?			Yes	No														
<b>PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA</b>																		
HEAD CIRCUMFERENCE if < 2-3 years old			HEIGHT			WEIGHT			BMI			B/P						
<b>DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI&gt;85% age/sex</b> Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: <b>Family History</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Ethnic Minority</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Signs of Insulin Resistance</b> (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> <b>At Risk</b> Yes <input type="checkbox"/> No <input type="checkbox"/>																		
<b>LEAD RISK QUESTIONNAIRE:</b> Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.) <b>Questionnaire Administered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Blood Test Indicated?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Blood Test Date</b> _____ <b>Result</b> _____																		
<b>TB SKIN OR BLOOD TEST</b> Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines, <a href="http://www.cdc.gov/tb/publications/factsheets/testing_TB_testing.htm">http://www.cdc.gov/tb/publications/factsheets/testing_TB_testing.htm</a> . <b>No test needed</b> <input type="checkbox"/> <b>Test performed</b> <input type="checkbox"/> <b>Skin Test: Date Read</b> / / <b>Result: Positive</b> <input type="checkbox"/> <b>Negative</b> <input type="checkbox"/> <b>mm</b> _____ <b>Blood Test: Date Reported</b> / / <b>Result: Positive</b> <input type="checkbox"/> <b>Negative</b> <input type="checkbox"/> <b>Value</b> _____																		
<b>LAB TESTS (Recommended)</b>			Date			Results			Date			Results						
Hemoglobin or Hematocrit									Sickle Cell (when indicated)									
Urinalysis									Developmental Screening Tool									
<b>SYSTEM REVIEW</b>		Normal	<b>Comments/Follow-up/Needs</b>					Normal	<b>Comments/Follow-up/Needs</b>									
Skin									<b>Endocrine</b>									
Ears			Screening Result:						<b>Gastrointestinal</b>									
Eyes			Screening Result:						<b>Genito-Urinary</b>			LMP						
Nose									<b>Neurological</b>									
Throat									<b>Musculoskeletal</b>									
Mouth/Dental									<b>Spinal Exam</b>									
Cardiovascular/HTN									<b>Nutritional status</b>									
Respiratory			<input type="checkbox"/> Diagnosis of Asthma						<b>Mental Health</b>									
Currently Prescribed Asthma Medication:									<b>Other</b>									
<input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist)																		
<input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)																		
<b>NEEDS/MODIFICATIONS</b> required in the school setting								<b>DIETARY</b> Needs/Restrictions										
<b>SPECIAL INSTRUCTIONS/DEVICES</b> e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup																		
<b>MENTAL HEALTH/OTHER</b> Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal																		
<b>EMERGENCY ACTION</b> needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.																		
On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)																		
<b>PHYSICAL EDUCATION</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>			<b>INTERSCHOLASTIC SPORTS</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>															
Print Name						(MD,DO, APN, PA) Signature						Date						
Address						Phone												