



IGLLS KINDERGARTEN CHECK LIST

****ALL REQUIRED ITEMS MUST BE RETURNED TO IGLLS OFFICE BY BEGINNING OF SCHOOL YEAR. ****

- Child must be five years of age on or before September 15th of the current school year.
- Kindergarten students must provide documentation of a certificate of health from a licensed physician and have up to date immunization record as outlined by Iowa law and the Iowa Dept. of Public Health **WITHIN 60 DAYS** of the child's first day of school or be excluded from school.
- Kindergarten students are required by Iowa law to have a blood lead test and provide proof within 60 days of the child's first day of school
- Kindergarten students are required by Iowa law to have a Dental Screening prior to the child's first day of school
- Kindergarten students are advised to have a Vision Screening prior to the child's first day of school.

THESE CHECKLIST ITEMS MUST BE TURNED IN TO COMPLETE PRE-REGISTRATION PROCESS:

Child's Name: _____

- \$50.00 Registration Fee
- \$50.00 Tech Fee
- Completed IGLLS Application Form
- Emergency Contact Form
- Proof of Child's Birth
- Physical
- A doctor's office copy of your child's current immunizations record detailing one of all required immunizations (no billfold copies)
- Blood Lead Test
- Dental Screening
- Vision Screening



Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information (please print)

Student Last Name:	Student First Name	Birth Date (M/D/YYYY)
Parent or Guardian Name:	Telephone (home or mobile):	
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Screening Information (health care provider must complete this section)

<p>Date of Dental Screening: _____</p> <p>Treatment Needs (check ONE only based on screening results, prior to treatment services provided):</p> <p><input type="checkbox"/> No Obvious Problems – the child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.</p> <p><input type="checkbox"/> Requires Dental Care – tooth decay¹ or a white spot lesion² is suspected in one or more teeth, or gum infection³ is suspected.</p> <p><input type="checkbox"/> Requires Urgent Dental Care – obvious tooth decay¹ is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.</p> <div style="border: 1px solid black; padding: 5px;"><p>¹ Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.</p><p>² White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.</p><p>³ Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.</p></div> <p>Screening Provider (check ONE only): <input type="checkbox"/> DDS/DMD <input type="checkbox"/> RDH <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> RN/ARNP (High school screen must be provided by DDS/DMD or RDH)</p> <p>Provider Name: (please print) _____ Phone: _____</p> <p>Provider Business Address: _____</p> <p>Signature and Credentials of Provider or Recorder*: _____ Date: _____</p> <p><small>*Recorder: An authorized provider (DDS/DMD, RDH, MD/DO, PA, or RN/ARNP) may transfer information onto this form from another health document. The other health document should be attached to this form.</small></p>

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Iowa Department of Public Health • Oral Health Center
515-242-6383 • 866-528-4020 • www.idph.state.ia.us/ohds/OralHealth.aspx
A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.

IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If at any time the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Licensed Child Care Center	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care.	Routine vaccination
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio	1 dose
		haemophilus influenzae type B	1 dose
		Pneumococcal	1 dose
	3 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio	2 doses
		haemophilus influenzae type B	2 doses
		Pneumococcal	2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis	3 doses
		Polio	2 doses
		haemophilus influenzae type B	2 doses; or 1 dose received when the applicant is 15 months of age or older.
Pneumococcal		3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.	
19 months through 23 months of age	Diphtheria/Tetanus/Pertussis	4 doses	
	Polio	3 doses	
	haemophilus influenzae type B	3 doses, with the final dose in the series received on or after 12 months of age; or 1 dose received when the applicant is 15 months of age or older.	
	Pneumococcal	4 doses; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.	
	Measles/Rubella ¹	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.	
	Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.	
24 months and older	Diphtheria/Tetanus/Pertussis	4 doses	
	Polio	3 doses	
	haemophilus influenzae type B	3 doses, with the final dose in the series received on or after 12 months of age; or 1 dose received when the applicant is 15 months of age or older. Hib vaccine is not indicated for persons 60 months of age or older.	
	Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 12 months of age; or 2 doses if the applicant received 1 dose before 12 months of age or received 1 dose between 12 and 23 months of age; or 1 dose if no doses had been received prior to 24 months of age. Pneumococcal vaccine is not indicated for persons 60 months of age or older.	
	Measles/Rubella ¹	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.	
	Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.	
Elementary or Secondary School (K-12)	4 years of age and older	Diphtheria/Tetanus/Pertussis ^{3, 4}	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but before September 15, 2003; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or after September 15, 2003. ² DTaP is not indicated for persons 7 years of age and older, therefore, a tetanus-and diphtheria-containing vaccine should be used.
		Polio ⁵	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003, or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. ⁵
		Measles/Rubella ¹	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Hepatitis B	3 doses if the applicant was born on or after July 1, 1994.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has a reliable history of natural disease. ⁷

¹ Mumps vaccine may be included in measles/rubella-containing vaccine.

² The 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age.

³ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.

⁴ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age.

⁵ If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age.

⁶ If both OPV and IPV were administered as part of the series, a total of 4 doses are required, regardless of the applicant's current age.

⁷ Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2nd dose if administered 28 days or greater from the 1st dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart. The minimum interval between the 1st and 2nd dose of varicella for an applicant 13 years of age or older is 28 days.



Iowa Department of Public Health Certificate of Immunization

Name Last: _____
Parent/Guardian

First: _____

Address: _____

Middle: _____

Date of Birth: _____

Phone: _____

I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.

Signature: _____

Physician, Physician Assistant, Nurse, or Certified Medical Assistant

A representative of the local Board of Health or Iowa Department of Public Health may review his certificate for survey purposes.

Vaccine	Date Given	Doctor / Clinic / Source	Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DT/DT/ Td/Tdap			Varicella Chicken Pox <i>If applicant has a history of natural disease write "Immune to Varicella"</i>		
Polio IPV/OPV			Pneumococcal PCV/PPV		
Measles, Mumps, Rubella MMR			Meningococcal MCV4/MPSV4		
Haemophilus Influenzae Type b Hib			Hepatitis A		
Hepatitis B			Rotavirus		
Human Papilloma Virus HPV			Other		