

## Clarification of the Immunization Status of Students’ Compliance with State Law for 2018-2019 School Year

Illinois State Board of Education (ISBE) is providing this document to prepare school staff to inspect immunization records and be able to properly classify each student as:

- (1) being protected against the specific vaccine-preventable disease and in compliance; or,
- (2) being unprotected but in compliance, or,
- (3) being unprotected and in noncompliance.

In addition to being in compliance relative to immunizations, children must receive physical examinations prior to entering Illinois schools for the first time, prior to the date of entering kindergarten or first grade, prior to entering sixth grade, and prior to entering ninth grade. Children who have not received physical examinations, as required, are considered to be in noncompliance whether or not they have received the required immunizations.

<b>POLIO (IPV/OPV)</b>			
<b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b>	<b>PROTECTED AND IN COMPLIANCE</b>	<b>UNPROTECTED AND IN COMPLIANCE*</b>	<b>UNPROTECTED AND NONCOMPLIANT*</b>
<p><b>STUDENTS IN KINDERGARTEN AND FIRST</b></p> <p><b>* Progressive requirement; each subsequent year, additional grade is added, i.e., 2019-20, kindergarten, first and second grades</b></p>	<p>Has received three or more doses of Polio (IPV/OPV) administered at intervals of no less than four weeks apart.</p>	<p>Has <b>not</b> received or provided proof of vaccination as required for entry, or may have received at least one dose of Polio (IPV/OPV), but fewer than those required to be <b>PROTECTED AND IN COMPLIANCE</b>, but has presented an approved medical schedule from a physician or clinic indicating the date(s) to complete the required doses; or a statement that this immunization is medically contraindicated; or an appropriately signed statement detailing the parent(s)' or guardian(s)' objection on religious grounds / Certificate of Religious Objection (required for grades K, 6, and 9); or compliance under the McKinney-Vento Act.</p>	<p>Has received fewer than the required immunizations, or has failed to provide proof of vaccine history, and has not presented an approved medical schedule from a physician or clinic indicating the date(s) for receiving these immunizations, nor a medical statement that this immunization is medically contraindicated, nor an appropriately signed statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</p>
<p><b>STUDENTS ENTERING AT OTHER GRADE LEVELS (2-12)</b></p>	<p>Has received four or more doses of the same type of polio-containing vaccine, at intervals of no less than four weeks apart, with the last dose received on or after the 4<sup>th</sup> birthday. The interval between the third and fourth or final dose must be at least six months</p>		
	<p>Has received three or more doses of Polio at intervals of no less than four weeks apart, with the last dose qualifying as a booster on or after the 4<sup>th</sup> birthday; if the series is given in any combination of polio types, four or more doses are required.</p>		

**DIPHTHERIA, TETANUS, PERTUSSIS (DTP/DTaP and Tdap)**

<p><b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START</b></p>	<p><b>PROTECTED AND IN COMPLIANCE</b></p>	<p><b>UNPROTECTED AND IN COMPLIANCE*</b></p>	<p><b>UNPROTECTED AND NONCOMPLIANT *</b></p>
<p><b>KINDERGARTEN or FIRST GRADE</b></p>	<p>Has received four doses of DTP/DTaP. The first three doses in the series must be received no less than four weeks apart. The interval between the third and fourth dose must be at least six months.</p>	<p>Has <b>not</b> received or provided proof of vaccination as required for entry, or may have received at least one dose of DTP/DTaP/Td/Tdap, but fewer than those required to be PROTECTED AND IN COMPLIANCE, but has presented an approved medical schedule from a physician or clinic indicating the date(s) to complete the required doses; or a statement that this immunization is medically contraindicated; or an appropriately signed statement detailing the parent(s)' or guardian(s)' objection on religious grounds / Certificate of Religious Objection (required for grades K, 6, and 9); or compliance under the McKinney-Vento Act.</p>	<p>Has received fewer than the required immunizations, or has failed to provide proof of vaccine history, and has not presented an approved medical schedule from a physician or clinic indicating the date(s) for receiving these immunizations, nor a medical statement that this immunization is medically contraindicated, nor an appropriately signed statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</p>
<p><b>STUDENTS ENTERING AT OTHER GRADE LEVELS (1-12) IF FIRST GRADE IS NOT FIRST ENTRY INTO SCHOOL</b></p>	<p>Receipt of three or more doses of DTP/DTaP or Td with the last dose received on or after the 4<sup>th</sup> birthday. The interval between the first two doses can be no less than four weeks and between the second and third dose must be at least six months.</p>		
<p><b>STUDENTS ENTERING <u>SIXTH THROUGH TWELFTH GRADES IN 2018-2019</u> SCHOOL YEAR</b></p>	<p>In addition to the DTP/DTaP or Td series, has received one dose of Tdap vaccine.</p>		

**MEASLES (RUBEOLA)**

<p><b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b></p>	<p><b>PROTECTED AND IN COMPLIANCE</b></p> <p>Has received one dose of measles vaccine (usually given as MMR) on or after the 1<sup>st</sup> birthday; or had physician diagnosed measles disease verified by laboratory evidence of infection*; or provided laboratory evidence of measles immunity.</p>	<p><b>UNPROTECTED AND IN COMPLIANCE*</b></p> <p>Has <b>not</b> received or provided proof of measles vaccination as required for entry, or may have received at least one dose but fewer than those required to be PROTECTED AND IN COMPLIANCE, nor had physician diagnosed measles disease verified by laboratory evidence of infection*, nor has laboratory evidence of immunity, but has presented an approved medical schedule from a physician or clinic indicating the date(s) to complete the required doses; or a statement that this immunization is medically contraindicated; or an appropriately signed statement detailing the parent(s)' or guardian(s)' objection on religious grounds / Certificate of Religious Objection (required for grades K, 6, and 9); or compliance under the McKinney-Vento Act.</p>	<p><b>UNPROTECTED AND NONCOMPLIANT *</b></p> <p>Has not received or provided proof of measles vaccination as required, nor had physician diagnosed measles disease verified by laboratory evidence of infection*, nor has laboratory evidence of immunity, and has not presented an approved medical schedule from a physician or clinic indicating the date(s) for receiving these immunizations, nor a medical statement that this immunization is medically contraindicated, nor an appropriately signed statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</p>
<p><b>STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)</b></p> <p>* A diagnosis of measles disease made by a physician on or after July 1, 2002, must be confirmed by laboratory evidence.</p>	<p>Has received two doses of measles vaccine (usually given as MMR), with the first dose on or after the 1<sup>st</sup> birthday and the second dose no less than 4 weeks after the first dose; or had physician diagnosed measles disease verified by laboratory evidence of infection; or provided laboratory evidence of measles immunity. A diagnosis of measles disease made by a physician on or after July 1, 2002, must be confirmed by laboratory evidence.</p>		

**RUBEOLA (3 DAY)**

<p><b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START</b></p>	<p><b>PROTECTED AND IN COMPLIANCE</b></p> <p>Has received one dose of rubella vaccine (usually given as MMR) on or after the 1<sup>st</sup> birthday or has laboratory evidence of rubella immunity.</p>	<p><b>UNPROTECTED AND IN COMPLIANCE*</b></p> <p>Has <b>not</b> received or provided proof of rubella vaccination as required for entry, or may have received at least one dose but fewer than those required to be PROTECTED AND IN COMPLIANCE, nor has laboratory evidence of immunity, but has presented an approved medical schedule from a physician or clinic indicating the date(s) to complete the required doses; or a statement that this immunization is medically contraindicated; or an appropriately signed statement detailing the parent(s)' or guardian(s)' objection on religious grounds / Certificate of Religious Objection (required for grades K, 6, and 9); or compliance under the McKinney-Vento Act.</p>	<p><b>UNPROTECTED AND NONCOMPLIANT *</b></p> <p>Has <b>not</b> received or provided proof of rubella vaccination as required, nor has laboratory evidence of immunity, and has not presented an approved medical schedule from a physician or clinic indicating the date(s) for receiving these immunizations, nor a medical statement that this immunization is medically contraindicated, nor an appropriately signed statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</p>
<p><b>STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)</b></p>	<p>Has received two doses of rubella vaccine (usually given as MMR) with the first dose on or after the 1<sup>st</sup> birthday and the second dose no less than 4 weeks after the first dose, or has laboratory evidence of rubella immunity.</p>		

## MUMPS

CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.	PROTECTED AND IN COMPLIANCE	UNPROTECTED AND IN COMPLIANCE*	UNPROTECTED AND NONCOMPLIANT *
	Has received one dose of mumps vaccine (usually given as MMR) on or after the 1 <sup>st</sup> birthday, or had physician diagnosed mumps disease, or has laboratory evidence of mumps immunity.	Has <b>not</b> received or provided proof of mumps vaccination as required for entry, or may have received at least one dose of but fewer than those required to be PROTECTED AND IN COMPLIANCE, nor had physician diagnosed mumps disease by date of illness, nor has laboratory evidence of immunity, but has presented an approved medical schedule from a physician or clinic indicating the date(s) to complete the required doses; or a statement that this immunization is medically contraindicated; or an appropriately signed statement detailing the parent(s)' or guardian(s)' objection on religious grounds / Certificate of Religious Objection (required for grades K, 6, and 9); or compliance under the McKinney-Vento Act.	Has <b>not</b> received or provided proof of mumps vaccination as required, nor had physician diagnosed mumps disease by date of illness, nor has laboratory evidence of immunity, and has not presented an approved medical schedule from a physician or clinic indicating the date(s) for receiving these immunizations, nor a medical statement that this immunization is medically contraindicated, nor an appropriately signed statement detailing the parent(s)' or guardian(s)' objection on religious grounds.
STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)	Has received two doses of mumps vaccine (usually given as MMR) with the first dose on or after the 1 <sup>st</sup> birthday and the second dose no less than 4 weeks after the first dose, had physician diagnosed mumps disease by date of illness, or has laboratory evidence of mumps immunity.		

## HEPATITIS B

CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.	PROTECTED AND IN COMPLIANCE	UNPROTECTED AND IN COMPLIANCE*	UNPROTECTED AND NONCOMPLIANT *
	Has received three doses of hepatitis B vaccine administered at the appropriate intervals, or has laboratory evidence of prior or current hepatitis B infection. The first two doses must have been received no less than 4 weeks apart, and the interval between the second and third dose must be two months. <b>The interval between the first and third dose must be at least 4 months. The third dose must have been administered on or after 6 months of age.</b>	Has <b>not</b> received or provided proof of hepatitis B vaccination as required for entry, or may have received at least one dose but fewer than those required to be PROTECTED AND IN COMPLIANCE, nor has laboratory evidence of prior or current hepatitis B infection, but has presented an approved medical schedule from a physician or clinic indicating the date(s) to complete the required doses; or a statement that this immunization is medically contraindicated; or an appropriately signed statement detailing the parent(s)' or guardian(s)' objection on religious grounds / Certificate of Religious Objection (required for grades K, 6, and 9); or compliance under the McKinney-Vento Act.	Has received fewer than the required immunizations, or has failed to provide proof of vaccine history, nor has laboratory evidence of prior or current hepatitis B infection, nor has presented an approved medical schedule from a physician or clinic indicating the date(s) for receiving these immunizations, nor a medical statement that this immunization is medically contraindicated, nor an appropriately signed statement detailing the parent(s)' or guardian(s)' objection on religious grounds.
STUDENTS ENTERING GRADES SIX THROUGH TWELVE	Has received three doses of hepatitis B vaccine at the appropriate intervals or has laboratory evidence of prior or current hepatitis B infection. The first two doses must have been received no less than 4 weeks apart, and the interval between the second and third dose must be two months. <b>The interval between the first and third dose must be at least four months.</b>		

**HAEMOPHILUS INFLUENZAE TYPE B (Hib)**

<p><b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (24-59 MONTHS OF AGE). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b></p>	<p><b>PROTECTED AND IN COMPLIANCE</b></p> <p>Has received the primary series of Hib vaccine according to the Hib vaccination schedule <b>or</b> a single dose of Hib vaccine between 15-59 months of age.</p>	<p><b>UNPROTECTED AND IN COMPLIANCE*</b></p> <p>Has <b>not</b> received or provided proof of Hib vaccination as required for entry, or may have received at least one dose but fewer than those required to be <b>PROTECTED AND IN COMPLIANCE</b>, but has presented an approved medical schedule from a physician or clinic indicating the date(s) to complete the required doses; or a statement that this immunization is medically contraindicated; or an appropriately signed statement detailing the parent(s)' or guardian(s)' objection on religious grounds / Certificate of Religious Objection (required for grades K, 6, and 9); or compliance under the McKinney-Vento Act.</p>	<p><b>UNPROTECTED AND NONCOMPLIANT *</b></p> <p>Has <b>not</b> provided proof of Hib vaccination, and has not presented an approved medical schedule from a physician or clinic indicating the date(s) for receiving these immunizations, nor a medical statement that this immunization is medically contraindicated, nor an appropriately signed statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</p>
<p><b>STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)</b></p>	<p>No requirement; Hib vaccine <b>not</b> required for children 5 years of age or older.</p>		

**INVASIVE PNEUMOCOCCAL DISEASE**

<p><b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (24-59 MONTHS OF AGE). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b></p>	<p><b>PROTECTED AND IN COMPLIANCE</b></p> <p>Has received the primary series of pneumococcal vaccine according to the pneumococcal vaccination schedule <b>or</b> a single dose of pneumococcal vaccine between 24-59 months of age.</p>	<p><b>UNPROTECTED AND IN COMPLIANCE*</b></p> <p>Has <b>not</b> received or provided proof of pneumococcal vaccination as required for entry, or may have received at least one dose but fewer than those required to be <b>PROTECTED AND IN COMPLIANCE</b>, but has presented an approved medical schedule from a physician or clinic indicating the date(s) to complete the required doses; or a statement that this immunization is medically contraindicated; or an appropriately signed statement detailing the parent(s)' or guardian(s)' objection on religious grounds / Certificate of Religious Objection (required for grades K, 6, and 9); or compliance under the McKinney-Vento Act.</p>	<p><b>UNPROTECTED AND IN NONCOMPLIANT *</b></p> <p>Has <b>not</b> provided proof of pneumococcal vaccination, and has not presented an approved medical schedule from a physician or clinic indicating the date(s) for receiving these immunizations, nor a medical statement that this immunization is medically contraindicated, nor an appropriately signed statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</p>
<p><b>STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)</b></p>	<p>No requirement; Pneumococcal vaccine <b>not</b> required for children 5 years of age or older.</p>		

**VARICELLA (CHICKENPOX)**

<p><b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (24-59 MONTHS OF AGE). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b></p>	<p><b>PROTECTED AND IN COMPLIANCE</b></p> <p>Has received one dose of varicella vaccine on or after the 1<sup>st</sup> birthday, had physician diagnosed varicella disease, has a statement from a health care provider (including a school health professional or health official) verifying that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or has laboratory evidence of immunity to varicella.</p>	<p><b>UNPROTECTED AND IN COMPLIANCE*</b></p> <p>Has <b>not</b> received or provided proof of varicella vaccination as required for entry, or may have received at least one dose of but fewer than those required to be <b>PROTECTED AND IN COMPLIANCE</b>, but has presented an approved medical schedule from a physician or clinic indicating the date(s) to complete the required doses; or a statement that this immunization is medically</p>	<p><b>UNPROTECTED AND NONCOMPLIANT*</b></p> <p>Has <b>not</b> received or provided proof of varicella vaccination as required, nor had varicella disease verified by a health care provider (including a school health professional or health official), nor has laboratory evidence of immunity, and has not presented an approved medical schedule from a physician or clinic indicating the date(s) for receiving these immunizations, nor a medical statement that this immunization is</p>
--	--	---	---

<p><b>STUDENTS ENTERING KINDERGARTEN, FIRST, SECOND, THIRD, FOURTH, SIXTH, SEVENTH, EIGHTH, NINTH, TENTH, ELEVENTH OR TWELFTH GRADES FOR THE FIRST TIME DURING 2018- 2019 SCHOOL YEAR.</b></p>	<p>Has received two doses of varicella vaccine with the first dose on or after the 1<sup>st</sup> birthday and the second dose no less than 4 weeks after the first dose, had physician diagnosed varicella disease, has a statement from a health care provider (including a school health professional or health official) verifying that a parent’s or legal guardian’s description of varicella disease history is indicative of past infection, or has laboratory evidence of immunity to varicella.</p>	<p>contraindicated; or an appropriately signed statement detailing the parent(s)’ or guardian(s)’ objection on religious grounds / Certificate of Religious Objection (required for grades K, 6, and 9); or compliance under the McKinney-Vento Act.</p>	<p>medically contraindicated, nor an appropriately signed statement detailing the parent(s)’ or guardian(s)’ objection on religious grounds.</p>
<p><b>STUDENTS ENTERING FIFTH GRADE FOR THE FIRST TIME DURING 2018- 2019 SCHOOL YEAR.</b></p>	<p>Has received one dose of varicella vaccine on or after the 1<sup>st</sup> birthday, had physician diagnosed varicella disease, has a statement from a health care provider (including a school health professional or health official) verifying that a parent’s or legal guardian’s description of varicella disease history is indicative of past infection, or has laboratory evidence of immunity to varicella.</p>		

**INVASIVE MENINGOCOCCAL DISEASE**

	<b>PROTECTED AND IN COMPLIANCE</b>	<b>UNPROTECTED AND IN COMPLIANCE*</b>	<b>UNPROTECTED AND NONCOMPLIANT*</b>
<p><b><u>STUDENTS ENTERING SIXTH GRADE FOR THE FIRST TIME DURING 2018- 2019 SCHOOL YEAR</u></b></p> <p><b><u>STUDENTS ENTERING SEVENTH, EIGHTH OR NINTH GRADE FOR THE FIRST TIME DURING 2018- 2019 SCHOOL YEAR.</u></b></p>	<p>Has received one dose of meningococcal vaccine (MCV4) on or after the 11<sup>th</sup> birthday.</p> <p>Has received one dose of meningococcal vaccine (MCV4) on or after the 11<sup>th</sup> birthday. These students are also “grandfathered” as compliant if they received the MCV4 between 10 and 11 years of age.</p>	<p>Has <b>not</b> received or provided proof of meningococcal vaccination as required for entry, or may have received at least one dose but fewer than those required to be <b>PROTECTED AND IN COMPLIANCE</b>, but has presented an approved medical schedule from a physician or clinic indicating the date(s) to complete the required doses; or a statement that this immunization is medically contraindicated; or an appropriately signed statement detailing the parent(s)’ or guardian(s)’ objection on religious grounds / Certificate of Religious Objection (required for grades K, 6, and 9); or compliance under the McKinney-Vento Act.</p>	<p>Has <b>not</b> received or provided proof of meningococcal vaccination as required, and has not presented an approved medical schedule from a physician or clinic indicating the date(s) for receiving these immunizations, nor a medical statement that this immunization is medically contraindicated, nor an appropriately signed statement detailing the parent(s)’ or guardian(s)’ objection on religious grounds.</p>
<p><b>STUDENTS ENTERING TWELFTH GRADE FOR THE FIRST TIME DURING 2018- 2019 SCHOOL YEAR.</b></p>	<p>Has received one dose of meningococcal vaccine (MCV4) on or after the 10<sup>th</sup> birthday. Second dose must be on or after the 16<sup>th</sup> birthday. Only one dose is required if the only dose was received at 16 years of age or older.</p>		

**Progression of 2 Dose Varicella Vaccine Requirement for Completion by All grades (K-12) by 2019 (Underlined Grade Level Indicates 2 doses required)**

2018-2019     K 1 2 3 4 5 6 7 8 9 10 11 12  
 2019-2020     K 1 2 3 4 5 6 7 8 9 10 11 12

**Progression of Meningococcal Vaccine Requirement for Grades (6-12) by 2020 (Underlined Grade Level Indicates Impacted by Vaccination Requirement)**

2018-2019     6 7 8 9 10 11 12  
 2019-2020     6 7 8 9 10 11 12  
 2020-2021     6 7 8 9 10 11 12