



OFFICIAL NOTICE OF EXCLUSION

Date: _____

Dear Parent/Guardian of _____:

This letter is official notification that your child will be excluded from **school and remote learning beginning at 8:00 a.m. on October 1, 2020** unless the school health records are in compliance by that date. This information was due at registration or by the first day of school.

According to State of Illinois requirements, **your child will not be able to return to school and/or access remote learning** until the required information listed below has been completed and turned into your child's school.

You may submit documentation via Email: _____,
Fax: _____, Mail: _____, or in person at your child's school. If you plan to submit documentation in person, please remember you must have an appointment and wear a mask.

Please call if you have any questions.

Thank you!

Needed:

Current Physical Exam _____

- Height/Weight/BMI/BP
- Lead screening Diabetes screening TB screening
- Health History completed, signed and dated by parent
- PE question addressed

Immunization(s)

- DTaP/Tdap Complete Record verified by healthcare provider
- Polio Hib Hepatitis B
- Varicella MMR Pneumococcal Meningococcal Conjugate

Other: _____

Principal Signature Date

Nurse Signature Date

School: _____

Phone: _____

Fax: _____