

**Benjamin School District 25
Kindergarten Quick View of
Vaccination and Physical Examination
Requirements**



| Medical Vaccination/Examination | Number of Immunizations |
|---|--|
| DTP or DTaP (Diphtheria, Tetanus, Pertussis) | 4 (last one after 4 years old) |
| Polio | 4 or more of IPV (last one after 4 years old) |
| Measles | 2 |
| Mumps | 2 |
| Rubella (German Measles) | 2 |
| Varicella (Chickenpox) | 2 |
| Physical Examination | Yes |
| Dental Examination | Yes |
| Eye Examination | Yes |