

HB3033



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB3033

Introduced 2/6/2025, by Rep. Janet Yang Rohr

SYNOPSIS AS INTRODUCED:

105 ILCS 5/22-80

105 ILCS 5/27-8.1

from Ch. 122, par. 27-8.1

Amends the School Code. In a provision regarding student athletes and concussions and head injuries, further defines "physician" to include a chiropractic physician as defined in the Medical Practice Act of 1987. In a provision regarding health examinations and immunizations, allows a chiropractic physician licensed under the Medical Practice Act of 1987 to be responsible for the performance of an athletic physical examination and requires the chiropractic physician to sign all report forms required for the athletic physical examination. Makes conforming changes.

LRB104 09562 LNS 19625 b

A BILL FOR

1 AN ACT concerning education.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The School Code is amended by changing Sections
5 22-80 and 27-8.1 as follows:

6 (105 ILCS 5/22-80)

7 Sec. 22-80. Student athletes; concussions and head
8 injuries.

9 (a) The General Assembly recognizes all of the following:

10 (1) Concussions are one of the most commonly reported
11 injuries in children and adolescents who participate in
12 sports and recreational activities. The Centers for
13 Disease Control and Prevention estimates that as many as
14 3,900,000 sports-related and recreation-related
15 concussions occur in the United States each year. A
16 concussion is caused by a blow or motion to the head or
17 body that causes the brain to move rapidly inside the
18 skull. The risk of catastrophic injuries or death is
19 significant when a concussion or head injury is not
20 properly evaluated and managed.

21 (2) Concussions are a type of brain injury that can
22 range from mild to severe and can disrupt the way the brain
23 normally works. Concussions can occur in any organized or

1 unorganized sport or recreational activity and can result
2 from a fall or from players colliding with each other, the
3 ground, or with obstacles. Concussions occur with or
4 without loss of consciousness, but the vast majority of
5 concussions occur without loss of consciousness.

6 (3) Continuing to play with a concussion or symptoms
7 of a head injury leaves a young athlete especially
8 vulnerable to greater injury and even death. The General
9 Assembly recognizes that, despite having generally
10 recognized return-to-play standards for concussions and
11 head injuries, some affected youth athletes are
12 prematurely returned to play, resulting in actual or
13 potential physical injury or death to youth athletes in
14 this State.

15 (4) Student athletes who have sustained a concussion
16 may need informal or formal accommodations, modifications
17 of curriculum, and monitoring by medical or academic staff
18 until the student is fully recovered. To that end, all
19 schools are encouraged to establish a return-to-learn
20 protocol that is based on peer-reviewed scientific
21 evidence consistent with Centers for Disease Control and
22 Prevention guidelines and conduct baseline testing for
23 student athletes.

24 (b) In this Section:

25 "Athletic trainer" means an athletic trainer licensed
26 under the Illinois Athletic Trainers Practice Act who is

1 working under the supervision of a physician.

2 "Coach" means any volunteer or employee of a school who is
3 responsible for organizing and supervising students to teach
4 them or train them in the fundamental skills of an
5 interscholastic athletic activity. "Coach" refers to both head
6 coaches and assistant coaches.

7 "Concussion" means a complex pathophysiological process
8 affecting the brain caused by a traumatic physical force or
9 impact to the head or body, which may include temporary or
10 prolonged altered brain function resulting in physical,
11 cognitive, or emotional symptoms or altered sleep patterns and
12 which may or may not involve a loss of consciousness.

13 "Department" means the Department of Financial and
14 Professional Regulation.

15 "Game official" means a person who officiates at an
16 interscholastic athletic activity, such as a referee or
17 umpire, including, but not limited to, persons enrolled as
18 game officials by the Illinois High School Association or
19 Illinois Elementary School Association.

20 "Interscholastic athletic activity" means any organized
21 school-sponsored or school-sanctioned activity for students,
22 generally outside of school instructional hours, under the
23 direction of a coach, athletic director, or band leader,
24 including, but not limited to, baseball, basketball,
25 cheerleading, cross country track, fencing, field hockey,
26 football, golf, gymnastics, ice hockey, lacrosse, marching

1 band, rugby, soccer, skating, softball, swimming and diving,
2 tennis, track (indoor and outdoor), ultimate Frisbee,
3 volleyball, water polo, and wrestling. All interscholastic
4 athletics are deemed to be interscholastic activities.

5 "Licensed health care ~~healthcare~~ professional" means a
6 person who has experience with concussion management and who
7 is a nurse, a psychologist who holds a license under the
8 Clinical Psychologist Licensing Act and specializes in the
9 practice of neuropsychology, a physical therapist licensed
10 under the Illinois Physical Therapy Act, an occupational
11 therapist licensed under the Illinois Occupational Therapy
12 Practice Act, a physician assistant, or an athletic trainer.

13 "Nurse" means a person who is employed by or volunteers at
14 a school and is licensed under the Nurse Practice Act as a
15 registered nurse, practical nurse, or advanced practice
16 registered nurse.

17 "Physician" means a physician licensed to practice
18 medicine in all of its branches under the Medical Practice Act
19 of 1987 or a chiropractic physician as defined in the Medical
20 Practice Act of 1987.

21 "Physician assistant" means a physician assistant licensed
22 under the Physician Assistant Practice Act of 1987.

23 "School" means any public or private elementary or
24 secondary school, including a charter school.

25 "Student" means an adolescent or child enrolled in a
26 school.

1 (c) This Section applies to any interscholastic athletic
2 activity, including practice and competition, sponsored or
3 sanctioned by a school, the Illinois Elementary School
4 Association, or the Illinois High School Association. This
5 Section applies beginning with the 2016-2017 school year.

6 (d) The governing body of each public or charter school
7 and the appropriate administrative officer of a private school
8 with students enrolled who participate in an interscholastic
9 athletic activity shall appoint or approve a concussion
10 oversight team. Each concussion oversight team shall establish
11 a return-to-play protocol, based on peer-reviewed scientific
12 evidence consistent with Centers for Disease Control and
13 Prevention guidelines, for a student's return to
14 interscholastic athletics practice or competition following a
15 force or impact believed to have caused a concussion. Each
16 concussion oversight team shall also establish a
17 return-to-learn protocol, based on peer-reviewed scientific
18 evidence consistent with Centers for Disease Control and
19 Prevention guidelines, for a student's return to the classroom
20 after that student is believed to have experienced a
21 concussion, whether or not the concussion took place while the
22 student was participating in an interscholastic athletic
23 activity.

24 Each concussion oversight team must include to the extent
25 practicable at least one physician. If a school employs an
26 athletic trainer, the athletic trainer must be a member of the

1 school concussion oversight team to the extent practicable. If
2 a school employs a nurse, the nurse must be a member of the
3 school concussion oversight team to the extent practicable. At
4 a minimum, a school shall appoint a person who is responsible
5 for implementing and complying with the return-to-play and
6 return-to-learn protocols adopted by the concussion oversight
7 team. At a minimum, a concussion oversight team may be
8 composed of only one person and this person need not be a
9 licensed health care ~~healthcare~~ professional, but it may not
10 be a coach. A school may appoint other licensed health care
11 ~~healthcare~~ professionals to serve on the concussion oversight
12 team.

13 (e) A student may not participate in an interscholastic
14 athletic activity for a school year until the student and the
15 student's parent or guardian or another person with legal
16 authority to make medical decisions for the student have
17 signed a form for that school year that acknowledges receiving
18 and reading written information that explains concussion
19 prevention, symptoms, treatment, and oversight and that
20 includes guidelines for safely resuming participation in an
21 athletic activity following a concussion. The form must be
22 approved by the Illinois High School Association.

23 (f) A student must be removed from an interscholastic
24 athletics practice or competition immediately if one of the
25 following persons believes the student might have sustained a
26 concussion during the practice or competition:

- 1 (1) a coach;
- 2 (2) a physician;
- 3 (3) a game official;
- 4 (4) an athletic trainer;
- 5 (5) the student's parent or guardian or another person
- 6 with legal authority to make medical decisions for the
- 7 student;
- 8 (6) the student; or
- 9 (7) any other person deemed appropriate under the
- 10 school's return-to-play protocol.

11 (g) A student removed from an interscholastic athletics
12 practice or competition under this Section may not be
13 permitted to practice or compete again following the force or
14 impact believed to have caused the concussion until:

15 (1) the student has been evaluated, using established
16 medical protocols based on peer-reviewed scientific
17 evidence consistent with Centers for Disease Control and
18 Prevention guidelines, by a treating physician (chosen by
19 the student or the student's parent or guardian or another
20 person with legal authority to make medical decisions for
21 the student), an athletic trainer, an advanced practice
22 registered nurse, or a physician assistant;

23 (2) the student has successfully completed each
24 requirement of the return-to-play protocol established
25 under this Section necessary for the student to return to
26 play;

1 (3) the student has successfully completed each
2 requirement of the return-to-learn protocol established
3 under this Section necessary for the student to return to
4 learn;

5 (4) the treating physician, the athletic trainer, or
6 the physician assistant has provided a written statement
7 indicating that, in the physician's professional judgment,
8 it is safe for the student to return to play and return to
9 learn or the treating advanced practice registered nurse
10 has provided a written statement indicating that it is
11 safe for the student to return to play and return to learn;
12 and

13 (5) the student and the student's parent or guardian
14 or another person with legal authority to make medical
15 decisions for the student:

16 (A) have acknowledged that the student has
17 completed the requirements of the return-to-play and
18 return-to-learn protocols necessary for the student to
19 return to play;

20 (B) have provided the treating physician's,
21 athletic trainer's, advanced practice registered
22 nurse's, or physician assistant's written statement
23 under paragraph subdivision (4) of this subsection (g)
24 to the person responsible for compliance with the
25 return-to-play and return-to-learn protocols under
26 this subsection (g) and the person who has supervisory

1 responsibilities under this subsection (g); and

2 (C) have signed a consent form indicating that the
3 person signing:

4 (i) has been informed concerning and consents
5 to the student participating in returning to play
6 in accordance with the return-to-play and
7 return-to-learn protocols;

8 (ii) understands the risks associated with the
9 student returning to play and returning to learn
10 and will comply with any ongoing requirements in
11 the return-to-play and return-to-learn protocols;
12 and

13 (iii) consents to the disclosure to
14 appropriate persons, consistent with the federal
15 Health Insurance Portability and Accountability
16 Act of 1996 (Public Law 104-191), of the treating
17 physician's, athletic trainer's, physician
18 assistant's, or advanced practice registered
19 nurse's written statement under paragraph
20 ~~subdivision~~ (4) of this subsection (g) and, if
21 any, the return-to-play and return-to-learn
22 recommendations of the treating physician, the
23 athletic trainer, the physician assistant, or the
24 advanced practice registered nurse, as the case
25 may be.

26 A coach of an interscholastic athletics team may not

1 authorize a student's return to play or return to learn.

2 The district superintendent or the superintendent's
3 designee in the case of a public elementary or secondary
4 school, the chief school administrator or that person's
5 designee in the case of a charter school, or the appropriate
6 administrative officer or that person's designee in the case
7 of a private school shall supervise an athletic trainer or
8 other person responsible for compliance with the
9 return-to-play protocol and shall supervise the person
10 responsible for compliance with the return-to-learn protocol.
11 The person who has supervisory responsibilities under this
12 paragraph may not be a coach of an interscholastic athletics
13 team.

14 (h) (1) The Illinois High School Association shall approve,
15 for coaches, game officials, and non-licensed health care
16 ~~healthcare~~ professionals, training courses that provide for
17 not less than 2 hours of training in the subject matter of
18 concussions, including evaluation, prevention, symptoms,
19 risks, and long-term effects. The Association shall maintain
20 an updated list of individuals and organizations authorized by
21 the Association to provide the training.

22 (2) The following persons must take a training course in
23 accordance with paragraph (4) of this subsection (h) from an
24 authorized training provider at least once every 2 years:

25 (A) a coach of an interscholastic athletic activity;

26 (B) a nurse, licensed health care ~~healthcare~~

1 professional, or non-licensed health care ~~healthcare~~
2 professional who serves as a member of a concussion
3 oversight team either on a volunteer basis or in his or her
4 capacity as an employee, representative, or agent of a
5 school; and

6 (C) a game official of an interscholastic athletic
7 activity.

8 (3) A physician who serves as a member of a concussion
9 oversight team shall, to the greatest extent practicable,
10 periodically take an appropriate continuing medical education
11 course in the subject matter of concussions.

12 (4) For purposes of paragraph (2) of this subsection (h):

13 (A) a coach, game official, or non-licensed health
14 care ~~healthcare~~ professional, as the case may be, must
15 take a course described in paragraph (1) of this
16 subsection (h);

17 (B) an athletic trainer must take a concussion-related
18 continuing education course from an athletic trainer
19 continuing education sponsor approved by the Department;

20 (C) a nurse must take a concussion-related continuing
21 education course from a nurse continuing education sponsor
22 approved by the Department;

23 (D) a physical therapist must take a
24 concussion-related continuing education course from a
25 physical therapist continuing education sponsor approved
26 by the Department;

1 (E) a psychologist must take a concussion-related
2 continuing education course from a psychologist continuing
3 education sponsor approved by the Department;

4 (F) an occupational therapist must take a
5 concussion-related continuing education course from an
6 occupational therapist continuing education sponsor
7 approved by the Department; and

8 (G) a physician assistant must take a
9 concussion-related continuing education course from a
10 physician assistant continuing education sponsor approved
11 by the Department.

12 (5) Each person described in paragraph (2) of this
13 subsection (h) must submit proof of timely completion of an
14 approved course in compliance with paragraph (4) of this
15 subsection (h) to the district superintendent or the
16 superintendent's designee in the case of a public elementary
17 or secondary school, the chief school administrator or that
18 person's designee in the case of a charter school, or the
19 appropriate administrative officer or that person's designee
20 in the case of a private school.

21 (6) A physician, licensed health care ~~healthcare~~
22 professional, or non-licensed health care ~~healthcare~~
23 professional who is not in compliance with the training
24 requirements under this subsection (h) may not serve on a
25 concussion oversight team in any capacity.

26 (7) A person required under this subsection (h) to take a

1 training course in the subject of concussions must complete
2 the training prior to serving on a concussion oversight team
3 in any capacity.

4 (i) The governing body of each public or charter school
5 and the appropriate administrative officer of a private school
6 with students enrolled who participate in an interscholastic
7 athletic activity shall develop a school-specific emergency
8 action plan for interscholastic athletic activities to address
9 the serious injuries and acute medical conditions in which the
10 condition of the student may deteriorate rapidly. The plan
11 shall include a delineation of roles, methods of
12 communication, available emergency equipment, and access to
13 and a plan for emergency transport. This emergency action plan
14 must be:

15 (1) in writing;

16 (2) reviewed by the concussion oversight team;

17 (3) approved by the district superintendent or the
18 superintendent's designee in the case of a public
19 elementary or secondary school, the chief school
20 administrator or that person's designee in the case of a
21 charter school, or the appropriate administrative officer
22 or that person's designee in the case of a private school;

23 (4) distributed to all appropriate personnel;

24 (5) posted conspicuously at all venues utilized by the
25 school; and

26 (6) reviewed annually by all athletic trainers, first

1 responders (including, but not limited to, emergency
2 medical dispatchers), coaches, school nurses, athletic
3 directors, and volunteers for interscholastic athletic
4 activities.

5 (j) The State Board of Education shall adopt rules as
6 necessary to administer this Section, including, but not
7 limited to, rules governing the informal or formal
8 accommodation of a student who may have sustained a concussion
9 during an interscholastic athletic activity.

10 (Source: P.A. 101-81, eff. 7-12-19; 102-1006, eff. 1-1-23.)

11 (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)

12 Sec. 27-8.1. Health examinations and immunizations.

13 (1) In compliance with rules and regulations which the
14 Department of Public Health shall promulgate, and except as
15 hereinafter provided, all children in Illinois shall have a
16 health examination as follows: within one year prior to
17 entering kindergarten or the first grade of any public,
18 private, or parochial elementary school; upon entering the
19 sixth and ninth grades of any public, private, or parochial
20 school; prior to entrance into any public, private, or
21 parochial nursery school; and, irrespective of grade,
22 immediately prior to or upon entrance into any public,
23 private, or parochial school or nursery school, each child
24 shall present proof of having been examined in accordance with
25 this Section and the rules and regulations promulgated

1 hereunder. Any child who received a health examination within
2 one year prior to entering the fifth grade for the 2007-2008
3 school year is not required to receive an additional health
4 examination in order to comply with the provisions of Public
5 Act 95-422 when he or she attends school for the 2008-2009
6 school year, unless the child is attending school for the
7 first time as provided in this paragraph.

8 A tuberculosis skin test screening shall be included as a
9 required part of each health examination included under this
10 Section if the child resides in an area designated by the
11 Department of Public Health as having a high incidence of
12 tuberculosis. Additional health examinations of pupils,
13 including eye examinations, may be required when deemed
14 necessary by school authorities. Parents are encouraged to
15 have their children undergo eye examinations at the same
16 points in time required for health examinations.

17 (1.5) In compliance with rules adopted by the Department
18 of Public Health and except as otherwise provided in this
19 Section, all children in kindergarten and the second, sixth,
20 and ninth grades of any public, private, or parochial school
21 shall have a dental examination. Each of these children shall
22 present proof of having been examined by a dentist in
23 accordance with this Section and rules adopted under this
24 Section before May 15th of the school year. If a child in the
25 second, sixth, or ninth grade fails to present proof by May
26 15th, the school may hold the child's report card until one of

1 the following occurs: (i) the child presents proof of a
2 completed dental examination or (ii) the child presents proof
3 that a dental examination will take place within 60 days after
4 May 15th. A school may not withhold a child's report card
5 during a school year in which the Governor has declared a
6 disaster due to a public health emergency pursuant to Section
7 of the Illinois Emergency Management Agency Act. The
8 Department of Public Health shall establish, by rule, a waiver
9 for children who show an undue burden or a lack of access to a
10 dentist. Each public, private, and parochial school must give
11 notice of this dental examination requirement to the parents
12 and guardians of students at least 60 days before May 15th of
13 each school year.

14 (1.10) Except as otherwise provided in this Section, all
15 children enrolling in kindergarten in a public, private, or
16 parochial school on or after January 1, 2008 (the effective
17 date of Public Act 95-671) and any student enrolling for the
18 first time in a public, private, or parochial school on or
19 after January 1, 2008 (the effective date of Public Act
20 95-671) shall have an eye examination. Each of these children
21 shall present proof of having been examined by a physician
22 licensed to practice medicine in all of its branches or a
23 licensed optometrist within the previous year, in accordance
24 with this Section and rules adopted under this Section, before
25 October 15th of the school year. If the child fails to present
26 proof by October 15th, the school may hold the child's report

1 card until one of the following occurs: (i) the child presents
2 proof of a completed eye examination or (ii) the child
3 presents proof that an eye examination will take place within
4 60 days after October 15th. A school may not withhold a child's
5 report card during a school year in which the Governor has
6 declared a disaster due to a public health emergency pursuant
7 to Section 7 of the Illinois Emergency Management Agency Act.
8 The Department of Public Health shall establish, by rule, a
9 waiver for children who show an undue burden or a lack of
10 access to a physician licensed to practice medicine in all of
11 its branches who provides eye examinations or to a licensed
12 optometrist. Each public, private, and parochial school must
13 give notice of this eye examination requirement to the parents
14 and guardians of students in compliance with rules of the
15 Department of Public Health. Nothing in this Section shall be
16 construed to allow a school to exclude a child from attending
17 because of a parent's or guardian's failure to obtain an eye
18 examination for the child.

19 (2) The Department of Public Health shall promulgate rules
20 and regulations specifying the examinations and procedures
21 that constitute a health examination, which shall include an
22 age-appropriate developmental screening, an age-appropriate
23 social and emotional screening, and the collection of data
24 relating to asthma and obesity (including at a minimum, date
25 of birth, gender, height, weight, blood pressure, and date of
26 exam), and a dental examination and may recommend by rule that

1 certain additional examinations be performed. The rules and
2 regulations of the Department of Public Health shall specify
3 that a tuberculosis skin test screening shall be included as a
4 required part of each health examination included under this
5 Section if the child resides in an area designated by the
6 Department of Public Health as having a high incidence of
7 tuberculosis. With respect to the developmental screening and
8 the social and emotional screening, the Department of Public
9 Health must, no later than January 1, 2019, develop rules and
10 appropriate revisions to the Child Health Examination form in
11 conjunction with a statewide organization representing school
12 boards; a statewide organization representing pediatricians;
13 statewide organizations representing individuals holding
14 Illinois educator licenses with school support personnel
15 endorsements, including school social workers, school
16 psychologists, and school nurses; a statewide organization
17 representing children's mental health experts; a statewide
18 organization representing school principals; the Director of
19 Healthcare and Family Services or his or her designee, the
20 State Superintendent of Education or his or her designee; and
21 representatives of other appropriate State agencies and, at a
22 minimum, must recommend the use of validated screening tools
23 appropriate to the child's age or grade, and, with regard to
24 the social and emotional screening, require recording only
25 whether or not the screening was completed. The rules shall
26 take into consideration the screening recommendations of the

1 American Academy of Pediatrics and must be consistent with the
2 State Board of Education's social and emotional learning
3 standards. The Department of Public Health shall specify that
4 a diabetes screening as defined by rule shall be included as a
5 required part of each health examination. Diabetes testing is
6 not required.

7 Physicians licensed to practice medicine in all of its
8 branches, licensed advanced practice registered nurses, or
9 licensed physician assistants shall be responsible for the
10 performance of the health examinations, other than dental
11 examinations, eye examinations, and vision and hearing
12 screening, and shall sign all report forms required by
13 subsection (4) of this Section that pertain to those portions
14 of the health examination for which the physician, advanced
15 practice registered nurse, or physician assistant is
16 responsible. However, if the health examination is an athletic
17 physical examination, then a chiropractic physician licensed
18 under the Medical Practice Act of 1987 may also be responsible
19 for the performance of the athletic physical examination and
20 must sign all report forms required for the athletic physical
21 examination. If a registered nurse performs any part of a
22 health examination, then a physician licensed to practice
23 medicine in all of its branches must review and sign all
24 required report forms. Licensed dentists shall perform all
25 dental examinations and shall sign all report forms required
26 by subsection (4) of this Section that pertain to the dental

1 examinations. Physicians licensed to practice medicine in all
2 its branches or licensed optometrists shall perform all eye
3 examinations required by this Section and shall sign all
4 report forms required by subsection (4) of this Section that
5 pertain to the eye examination. For purposes of this Section,
6 an eye examination shall at a minimum include history, visual
7 acuity, subjective refraction to best visual acuity near and
8 far, internal and external examination, and a glaucoma
9 evaluation, as well as any other tests or observations that in
10 the professional judgment of the doctor are necessary. Vision
11 and hearing screening tests, which shall not be considered
12 examinations as that term is used in this Section, shall be
13 conducted in accordance with rules and regulations of the
14 Department of Public Health, and by individuals whom the
15 Department of Public Health has certified. In these rules and
16 regulations, the Department of Public Health shall require
17 that individuals conducting vision screening tests give a
18 child's parent or guardian written notification, before the
19 vision screening is conducted, that states, "Vision screening
20 is not a substitute for a complete eye and vision evaluation by
21 an eye doctor. Your child is not required to undergo this
22 vision screening if an optometrist or ophthalmologist has
23 completed and signed a report form indicating that an
24 examination has been administered within the previous 12
25 months."

26 (2.5) With respect to the developmental screening and the

1 social and emotional screening portion of the health
2 examination, each child may present proof of having been
3 screened in accordance with this Section and the rules adopted
4 under this Section before October 15th of the school year.
5 With regard to the social and emotional screening only, the
6 examining health care provider shall only record whether or
7 not the screening was completed. If the child fails to present
8 proof of the developmental screening or the social and
9 emotional screening portions of the health examination by
10 October 15th of the school year, qualified school support
11 personnel may, with a parent's or guardian's consent, offer
12 the developmental screening or the social and emotional
13 screening to the child. Each public, private, and parochial
14 school must give notice of the developmental screening and
15 social and emotional screening requirements to the parents and
16 guardians of students in compliance with the rules of the
17 Department of Public Health. Nothing in this Section shall be
18 construed to allow a school to exclude a child from attending
19 because of a parent's or guardian's failure to obtain a
20 developmental screening or a social and emotional screening
21 for the child. Once a developmental screening or a social and
22 emotional screening is completed and proof has been presented
23 to the school, the school may, with a parent's or guardian's
24 consent, make available appropriate school personnel to work
25 with the parent or guardian, the child, and the provider who
26 signed the screening form to obtain any appropriate

1 evaluations and services as indicated on the form and in other
2 information and documentation provided by the parents,
3 guardians, or provider.

4 (3) Every child shall, at or about the same time as he or
5 she receives a health examination required by subsection (1)
6 of this Section, present to the local school proof of having
7 received such immunizations against preventable communicable
8 diseases as the Department of Public Health shall require by
9 rules and regulations promulgated pursuant to this Section and
10 the Communicable Disease Prevention Act.

11 (4) The individuals conducting the health examination,
12 including an athletic physical examination, dental
13 examination, or eye examination shall record the fact of
14 having conducted the examination, and such additional
15 information as required, including for a health examination
16 data relating to asthma and obesity (including at a minimum,
17 date of birth, gender, height, weight, blood pressure, and
18 date of exam), on uniform forms which the Department of Public
19 Health and the State Board of Education shall prescribe for
20 statewide use. The examiner shall summarize on the report form
21 any condition that he or she suspects indicates a need for
22 special services, including for a health examination factors
23 relating to asthma or obesity. The duty to summarize on the
24 report form does not apply to social and emotional screenings.
25 The confidentiality of the information and records relating to
26 the developmental screening and the social and emotional

1 screening shall be determined by the statutes, rules, and
2 professional ethics governing the type of provider conducting
3 the screening. The individuals confirming the administration
4 of required immunizations shall record as indicated on the
5 form that the immunizations were administered.

6 (5) If a child does not submit proof of having had either
7 the health examination or the immunization as required, then
8 the child shall be examined or receive the immunization, as
9 the case may be, and present proof by October 15 of the current
10 school year, or by an earlier date of the current school year
11 established by a school district. To establish a date before
12 October 15 of the current school year for the health
13 examination or immunization as required, a school district
14 must give notice of the requirements of this Section 60 days
15 prior to the earlier established date. If for medical reasons
16 one or more of the required immunizations must be given after
17 October 15 of the current school year, or after an earlier
18 established date of the current school year, then the child
19 shall present, by October 15, or by the earlier established
20 date, a schedule for the administration of the immunizations
21 and a statement of the medical reasons causing the delay, both
22 the schedule and the statement being issued by the physician,
23 advanced practice registered nurse, physician assistant,
24 registered nurse, or local health department that will be
25 responsible for administration of the remaining required
26 immunizations. If a child does not comply by October 15, or by

1 the earlier established date of the current school year, with
2 the requirements of this subsection, then the local school
3 authority shall exclude that child from school until such time
4 as the child presents proof of having had the health
5 examination as required and presents proof of having received
6 those required immunizations which are medically possible to
7 receive immediately. During a child's exclusion from school
8 for noncompliance with this subsection, the child's parents or
9 legal guardian shall be considered in violation of Section
10 26-1 and subject to any penalty imposed by Section 26-10. This
11 subsection (5) does not apply to dental examinations, eye
12 examinations, and the developmental screening and the social
13 and emotional screening portions of the health examination. If
14 the student is an out-of-state transfer student and does not
15 have the proof required under this subsection (5) before
16 October 15 of the current year or whatever date is set by the
17 school district, then he or she may only attend classes (i) if
18 he or she has proof that an appointment for the required
19 vaccinations has been scheduled with a party authorized to
20 submit proof of the required vaccinations. If the proof of
21 vaccination required under this subsection (5) is not
22 submitted within 30 days after the student is permitted to
23 attend classes, then the student is not to be permitted to
24 attend classes until proof of the vaccinations has been
25 properly submitted. No school district or employee of a school
26 district shall be held liable for any injury or illness to

1 another person that results from admitting an out-of-state
2 transfer student to class that has an appointment scheduled
3 pursuant to this subsection (5).

4 (6) Every school shall report to the State Board of
5 Education by November 15, in the manner which that agency
6 shall require, the number of children who have received the
7 necessary immunizations and the health examination (other than
8 a dental examination or eye examination) as required,
9 indicating, of those who have not received the immunizations
10 and examination as required, the number of children who are
11 exempt from health examination and immunization requirements
12 on religious or medical grounds as provided in subsection (8).
13 On or before December 1 of each year, every public school
14 district and registered nonpublic school shall make publicly
15 available the immunization data they are required to submit to
16 the State Board of Education by November 15. The immunization
17 data made publicly available must be identical to the data the
18 school district or school has reported to the State Board of
19 Education.

20 Every school shall report to the State Board of Education
21 by June 30, in the manner that the State Board requires, the
22 number of children who have received the required dental
23 examination, indicating, of those who have not received the
24 required dental examination, the number of children who are
25 exempt from the dental examination on religious grounds as
26 provided in subsection (8) of this Section and the number of

1 children who have received a waiver under subsection (1.5) of
2 this Section.

3 Every school shall report to the State Board of Education
4 by June 30, in the manner that the State Board requires, the
5 number of children who have received the required eye
6 examination, indicating, of those who have not received the
7 required eye examination, the number of children who are
8 exempt from the eye examination as provided in subsection (8)
9 of this Section, the number of children who have received a
10 waiver under subsection (1.10) of this Section, and the total
11 number of children in noncompliance with the eye examination
12 requirement.

13 The reported information under this subsection (6) shall
14 be provided to the Department of Public Health by the State
15 Board of Education.

16 (7) Upon determining that the number of pupils who are
17 required to be in compliance with subsection (5) of this
18 Section is below 90% of the number of pupils enrolled in the
19 school district, 10% of each State aid payment made pursuant
20 to Section 18-8.05 or 18-8.15 to the school district for such
21 year may be withheld by the State Board of Education until the
22 number of students in compliance with subsection (5) is the
23 applicable specified percentage or higher.

24 (8) Children of parents or legal guardians who object to
25 health, dental, or eye examinations or any part thereof, to
26 immunizations, or to vision and hearing screening tests on

1 religious grounds shall not be required to undergo the
2 examinations, tests, or immunizations to which they so object
3 if such parents or legal guardians present to the appropriate
4 local school authority a signed Certificate of Religious
5 Exemption detailing the grounds for objection and the specific
6 immunizations, tests, or examinations to which they object.
7 The grounds for objection must set forth the specific
8 religious belief that conflicts with the examination, test,
9 immunization, or other medical intervention. The signed
10 certificate shall also reflect the parent's or legal
11 guardian's understanding of the school's exclusion policies in
12 the case of a vaccine-preventable disease outbreak or
13 exposure. The certificate must also be signed by the
14 authorized examining health care provider responsible for the
15 performance of the child's health examination confirming that
16 the provider provided education to the parent or legal
17 guardian on the benefits of immunization and the health risks
18 to the student and to the community of the communicable
19 diseases for which immunization is required in this State.
20 However, the health care provider's signature on the
21 certificate reflects only that education was provided and does
22 not allow a health care provider grounds to determine a
23 religious exemption. Those receiving immunizations required
24 under this Code shall be provided with the relevant vaccine
25 information statements that are required to be disseminated by
26 the federal National Childhood Vaccine Injury Act of 1986,

1 which may contain information on circumstances when a vaccine
2 should not be administered, prior to administering a vaccine.
3 A health care ~~healthcare~~ provider may consider, including,
4 without limitation, the nationally accepted recommendations
5 from federal agencies such as the Advisory Committee on
6 Immunization Practices, the information outlined in the
7 relevant vaccine information statement, and vaccine package
8 inserts, along with the healthcare provider's clinical
9 judgment, to determine whether any child may be more
10 susceptible to experiencing an adverse vaccine reaction than
11 the general population, and, if so, the health care ~~healthcare~~
12 provider may exempt the child from an immunization or adopt an
13 individualized immunization schedule. The Certificate of
14 Religious Exemption shall be created by the Department of
15 Public Health and shall be made available and used by parents
16 and legal guardians by the beginning of the 2015-2016 school
17 year. Parents or legal guardians must submit the Certificate
18 of Religious Exemption to their local school authority prior
19 to entering kindergarten, sixth grade, and ninth grade for
20 each child for which they are requesting an exemption. The
21 religious objection stated need not be directed by the tenets
22 of an established religious organization. However, general
23 philosophical or moral reluctance to allow physical
24 examinations, eye examinations, immunizations, vision and
25 hearing screenings, or dental examinations does not provide a
26 sufficient basis for an exception to statutory requirements.

1 The local school authority is responsible for determining if
2 the content of the Certificate of Religious Exemption
3 constitutes a valid religious objection. The local school
4 authority shall inform the parent or legal guardian of
5 exclusion procedures, in accordance with the Department's
6 rules under Part 690 of Title 77 of the Illinois
7 Administrative Code, at the time the objection is presented.

8 If the physical condition of the child is such that any one
9 or more of the immunizing agents should not be administered,
10 the examining physician, advanced practice registered nurse,
11 or physician assistant responsible for the performance of the
12 health examination shall endorse that fact upon the health
13 examination form.

14 Exempting a child from the health, dental, or eye
15 examination does not exempt the child from participation in
16 the program of physical education training provided in
17 Sections 27-5 through 27-7 of this Code.

18 (8.5) The school board of a school district shall include
19 informational materials regarding influenza and influenza
20 vaccinations developed, provided, or approved by the
21 Department of Public Health under Section 2310-700 of the
22 Department of Public Health Powers and Duties Law of the Civil
23 Administrative Code of Illinois when the board provides
24 information on immunizations, infectious diseases,
25 medications, or other school health issues to the parents or
26 guardians of students.

1 (9) For the purposes of this Section, "nursery schools"
2 means those nursery schools operated by elementary school
3 systems or secondary level school units or institutions of
4 higher learning.

5 (Source: P.A. 103-985, eff. 1-1-25.)