

State of Illinois Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician (such as an ophthalmologist) who provides eye examinations be submitted to the school no later than October 15 of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to the first day of the school year the child enters the Illinois school system for the first time. The parent of any child who is unable to obtain an examination must submit a waiver form to the school.

Birth Date	Student Name									
Clast Clas	Disth Data		,	,		0	(First)			(Middle Initial)
Parent or Guardian	BIRT Date	nth/Day/Yea	<u>r)</u>	Ger	ider	Gra	de	-		
Clast Clas	,	•	•							
Address (Number) (Street) (City) (ZIP Code) County		-		(Last)				(Fli	rst)	
Address (Number) (Street) (City) (ZIP Code)	Phone						04			
To Be Completed By Examining Doctor Case History Date of exam Cocular history: Normal or Positive for Medical history: Normal or Positive for Drug allergies: NKDA or Allergic to Other information Examination Distance	` '									
To Be Completed By Examining Doctor Case History Date of exam Coular history: Normal or Positive for Medical history: Normal or Positive for Drug allergies: NKDA or Allergic to Other information Examination Distance Near Right Left Both Both Uncorrected visual acuity 20/ 20/ 20/ 20/ 20/ 20/ 20/ Best corrected visual acuity 20/ 20/ 20/ 20/ 20/ 20/ 20/ 20/ 20/ Internal exam (lids, lashes, cornea, etc.) Normal Abnormal Not Able to Assess Comments External exam (lids, lashes, cornea, etc.)	Address	/hlumba	-1		(Ptroot)			(01-)		(710 0-4-)
Case History Date of exam Ocular history: Normal or Positive for Medical history: Normal or Positive for Drug allergies: NKDA or Allergic to Other information Examination Distance	County	•	•		,			(City)		(ZIP Code)
Case History Date of exam Ocular history: Normal or Positive for Medical history: Normal or Positive for Drug allergies: NKDA or Allergic to Other information Examination Distance				T. D	la Camal	ated Dec	Francista.	a Dantas		
Date of exam				10 0	ie Compi	eted by	Examinin	g Doctor		
Medical history: Normal or Positive for Cother information Distance Near	-									
Medical history: Normal or Positive for Other information	Ocular history:	□ Nor	mal or	Positive f	or					
Other information Distance	Medical history:									
Examination Distance	Drug allergies:									
Distance	Other information_									
Right Left Both Both Uncorrected visual acuity 20/ 20/ 20/ 20/ 20/ Best corrected visual acuity 20/ 20/ 20/ 20/ 20/ Was refraction performed with dilation? Yes No Normal Abnormal Not Able to Assess Comments External exam (lids, lashes, cornea, etc.)	Examination									
Uncorrected visual acuity 20/ 20/ 20/ 20/ 20/ 20/ Best corrected visual acuity 20/ 20/ 20/ 20/ 20/ Was refraction performed with dilation? Normal Abnormal Not Able to Assess Comments External exam (lids, tashes, cornea, etc.) Internal exam (vitreous, lens, fundus, etc.) Pupillary reflex (pupils)			Distanc	e		Near]			
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Accommodation and vergence										
Glaucoma evaluation Oculomotor assessment Other NOTE: "Not Able to Assess" refers to the inability of the child to complete the test, not the inability of the doctor to provide the test. Diagnosis										
Oculomotor assessment Other NOTE: "Not Able to Assess" refers to the inability of the child to complete the test, not the inability of the doctor to provide the test. Diagnosis	Color vision	_								
Other	Glaucoma evaluati	on								
NOTE: "Not Able to Assess" refers to the inability of the child to complete the test, not the inability of the doctor to provide the test. Diagnosis	Oculomotor assess	sment								
Diagnosis (5)	Other			_						
· ·	NOTE: "Not Able to	Assess" ı	efers to t	ne inability	of the child	to compl	ete the test	t, not the inability o	f the doc	tor to provide the test.
Other	□ Normal □ Myo	•			•		rabismus	□ Amblyopia		



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Recommendations								
1. Corrective lenses: ☐ No ☐ Yes, glasses or contacts should be worn for:								
☐ Constant wear ☐ Near visio	n □ Far vision							
☐ May be removed for physical	education							
2. Preferential seating recommended: ☐ No ☐ Yes Comments								
3. Recommend re-examination: □ 3 months □ 6 months □ Other	□ 12 months							
4								
5								
Print name Optometrist or physician (such as an ophthalmologist)	License Number							
who provided the eye examination MD OD DO Address	Consent of Parent or Guardian I agree to release the above information on my child or ward to appropriate school or health authorities.							
	(Parent or Guardian's Signature)							
Phone	(Oate)							
Signature	Date							
(Source: Amended at 32 III. Reg.	, effective)							