

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 Gender Grade	Student Name		Last)			(First)	AZID 7 57 6
Parent or Guardian	Rirth Date		(Last)	Gender	Grade	, ,	(Middle initial)
Parent or Guardian	(Month/Day/Yo	ear)		Gender	Grade	Market.	
Phone							
Address (Number) (Street) (Cary) (219 Code) County	Dt	(Last	1)		(First)		
Address (Number) (Street) (Cary) (219 Code) County	(Area Code)						
County	Address						
Case History Date of exam Coular history:	(Numb					(City)	(ZIP Code)
Case History Date of exam	County						
Case History Date of exam			\$ X	To Be Comp	leted By Examin	ing Doctor	
Date of exam		Kasa Talan Salar	v og atoti ve	g by the sector.		િક ^{મા} લે પ્રાપ્ત કર્યા છે. જે ત્યારે કરાય છે. 	
Ocular history: Normal or Positive for							
Medical history: Normal or Positive for Drug allergies: NKDA or Allergic to Other information Distance Right Left Both Both Ducorrected visual acuity 20/	Date of exam						
Medical history: Normal or Positive for Drug allergies: NKDA or Allergic to Other information Distance Right Left Both Both Ducorrected visual acuity 20/	Ocular history:	mal or	Positive	for			
Drug allergies: NKDA or Allergic to Other information Distance	Medical history:						
Examination Distance	Drug allergies: NK						
Distance 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.) Internal exam (vitreous, lens, fundus, etc.) Pupillary reflex (pupils) Binocular function (stereopsis) Accommodation and vergence Color vision Glaucoma evaluation 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 Myopia Hyperopia Astigmatism Strabismus Amblyopia							
Normal Abnormal Not Able to Assess Comments	Other information						
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Best corrected visual acuity 20/ 20/ 20/ 20/ Was refraction performed with dilation?					Both		
Was refraction performed with dilation?							
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	Diagnosis						
Other	🗆 Normal 🔾 Myopia 🛴	1 Нурегор	ia 🔾	Astigmatism	Strabismu	s Amblyopia	
	Other						



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Recommendations 1. Corrective lenses: \(\sigma\) No \(\sigma\) Yes, glasses or contacts should be worn for: ☐ Constant wear ☐ Near vision ☐ Far vision ☐ May be removed for physical education 2. Preferential seating recommended: □ No □ Yes Comments 3. Recommend re-examination: 3 months 3 months 3 months 3 months ☐ Other Print name License Number Optometrist or physician (such as an ophthalmologist) who provided the eye examination \(\bar{\cup} \) MD \(\bar{\cup} \) OD \(\bar{\cup} \) DO Consent of Parent or Guardian I agree to release the above information on my child or ward to appropriate school or health authorities. Address _____ (Parent or Guardian's Signature) Phone (Date) Date ____

(Source: Amended at 32 Ill. Reg. _____, effective _____)