

State of Illinois Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician who provides complete 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 October 15 of the year the child enters an Illinois school.

Student Name			(Last)			(First)	(Middle Initial)
Birth Date			Sex	Grade			,	(:)
Birth Date(Mo								
Parent or Guardian			(T)				(T) 2	
Phone (Last)						(First)		
(Area Code)								
Address								
(Number)			(Street)			(City)	(ZIP Code)	
			1	To Be Comp	pleted By	Examinin	g Doctor	
Case History Date of Exam								
Ocular History:	☐ Nor	mal or	Positive	for				
Medical History:	☐ Nor			for				
Drug Allergies:	□NK			to				
Other Information _								
Examination								
Refraction: Distance		ce		Near				
		Right	Left	Both	Both			
Unaided Visual Acuity		20/	20/	20/	20/			
Best Corrected Visua	al Acuity	20/	20/	20/	20/			
Was refraction perfo	ormed wi	th cyclop	legic agei	nts? 🗆 Ye	es 🗆 No			
1		, 1	2 2					
				Normal	A	bnormal	Not Able to Assess	Comments
External Exam (eye and adnexa)								
Internal Exam (media, lens, fundus, etc.)								
Neurological Integrity (pupils) Binocular Function (stereopsis)								
Accommodation and Vergence								
Color Vision								
IOP (glaucoma)								
Oculomotor Assessment			ū			ā		
Other								
Diagnosis		·	. –					
☐ Normal ☐ My	opia [☐ Hypero	ppia 🗖	Astigmatis	sm 🗆 S	Strabismus	□ Amblyopia	
Other								

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Recommendations

 Corrective Lenses: □ No □ Yes, glasses should be worn for: □ Constant Wear □ Near Vision □ I □ May Be Removed for Physical Education 	
2. Preferential seating recommended: ☐ No ☐ Yes	
Comments	
3. Recommend re-examination: □ 3 months □ 6 months □ 1 □ Other	
4	
5	
Print name	Consent of Parent or Guardian I agree to release the above information on my child
Optometrist or Physician who provides eye examinations	or ward to appropriate school or health authorities.
Address	(Parent or Guardian's Signature)
Phone	(Date)
Signature Optometrist or Physician who provides eye examinations	Date
(Source: Amended at 32 Ill. Reg.	. effective