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 15th 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 child beginning school.

Student Name:						Birth D	ate:		Sex:	Grade:	
(Last)		(First)			(Middle Initial)		(Mo.) (Day) (Yr.)				
Parent or Guardian:	(Last)				First)			Phone: _	(Area Code)		
Address:	,			(1 1131)						
(Number)		(Street)		(City) (Z	ip Code)		_ County.			
			To Be C	Comple	ted By Exam	nining D	octor				
Case History								Date of	Exam:		
,	□ Norm □ NKD/	☐ Normal☐ Normal☐ NKDA		e for:							
Examination											
Refraction:				Distance					Near		
Unaided Vis Best Corrected Vis	•	20 /		20 / 20 /	Left	20 / 20 /	Both	20 / 20 /	Both	_	
Was refraction perfor	med with cy	clople	gic agents?	☐ Y	es 🖵 No)					
External Exam (eye a Internal Exam (media Neurological Integrity Binocular Function (s Accommodation and Color Vision IOP (glaucoma) Oculomotor Assessm Other:	a, lens, fund v (pupils) stereopsis) Vergence	us, etc.			Abnormal	Not A	ble to Ass			nments	
Diagnosis											
☐ Normal	□ Myopia		☐ Hyperop	oia	☐ Asti	gmatisn	า	□ Strab	ismus	□ Amblyopia	
Other:										, ,	
Recommendations											
 Corrective Lense Preferential seating 					be worn for:	□ M	ay Be Re	moved for	r Physical E		
3. Recommend re-ex	xamination:		□ 3 month	ns (☐ 6 months	□ 12	2 months	☐ Oth	er	·	
4											
5											
Print Name:Optometrist or Physician Who Provides Eye Examinations 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)				
Signature:						Phor	ne:				

Optometrist or Physician Who Provides Eye Examinations