

Page 1

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		П	Last)				First)	(Middle Initial)
Parent or Guardian	Rirth Date		()		ender	Grade	-	i iisi)	(Made Initial)
Parent or Guardian	(Month/	Day/Ye	ar)	Ü			·		
Phone	Parent or Guardian	•							
Address (Number) (Street) (City) (ZIP Code) County To Be Completed By Examining Doctor Case History Date of exam Ocular history: Normal or Positive for Medical history: Normal or Positive for Drug allergies: NKDA or Allergie to Other information Examination Examination Distance	(I							(First)	
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Case History Date of exam Ocular history: Normal or Positive for									
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Ocular history:	•								
Medical history:	-		•						
Other information Distance	Ocular history:	⊒ Non	mal or F	ositive fo	r				
Examination Distance	Medical history:	□ Non	mal or F	ositive fo	r				
Examination Distance	Drug allergies:	אאוב	OA or A	Allergic to				.,	
Examination Distance	Other information								
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?	Examination								
Uncorrected visual acuity 20/ 20/ 20/ 20/ 20/ 20/ 20/ 20/ 20/ 20/						Near			
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 Octlomotor 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 Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia									
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Other	• 1				_		เบางเนนร	⊶ Amoryopia	
	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: \square 3 months \square 6 months \square 12 months Other ____ Print name_ License Number____ Optometrist or physician (such as an ophthalmologist) who provided the eye examination I MD I OD I DO Consent of Parent or Guardian I agree to release the above information on my child Address ____ or ward to appropriate school or health authorities.

(Source: Amended at 32 Ill. Reg.	, effective	
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(Parent or Guardian's Signature)

(Date)

Date _____