

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 (Month/Day/Year)		(Last) Gender			(First)	(Middle Initial)
				Grade	The state of the s	
Parent or Guardian						
(Las)		(First)
Phone (Area Code)						
Address						
(Number)			(Street)		(City)	(ZIP Code)
County	·····	······································				(Sir esale)
			To Be Com	pleted By Exami	ning Doctor	
Case History						militaria di sensi di tanggaran kebagai di Pengaran Selakan Selakan Selakan Selakan Selakan Selakan Selakan Se
Date of exam						
Ocular history:	ormal o	r Positive	for			
Medical history:	ormal oi	Positive 1	for			
Orug allergies:						
Other information						
Examination						
	Distance			Near		
	Right	Left	Both	Both		
Uncorrected visual acuity Best corrected visual acuity	20/	20/	20/	20/		
Vas refraction performed w		1		20/		
vas remaction performed w	un ananoi	i: La 10	s 🗆 No	•		
and the second of the second o			Normal	Abnormal	Not Able to Assess	Comments
External exam (fids, lashes, cornea, etc.)			j o	<u> </u>		Administrate in America and Am
nternal exam (vitreous, lens, fundus, etc.) (upillary reflex (pupils)		HG.)	ם ם		9	Augro-reament for the contain individual list in might propriet producing
Binocular function (stereopsis)			3		<u>u</u> 9	name propagation for the company of
Accommodation and vergence			5	ā		In the filter of the field of the desire plants of company and com
olor vision			5	<u>ី</u>	i	SAA is a deal and the accordance of the deal and accordance of the
laucoma evaluation			ā	j	j	**************************************
culomotor assessment			3	ā	j	
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DTE: "Not Able to Assess" re	fors to the i	nahilim af i				and the second s
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agnosis						
Normal UMyopia !	k 8 F			X 23 X .		
Normal UMyopia U	J Hyperop	1a 🚅 🛝	stigmatism	 J Strabismus 	s 🔾 Amblyopia	

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Recommendations		
1. Corrective lenses: No	☐ Yes, glasses or contacts should be we	orn for:
	☐ Constant wear ☐ Near vision ☐ I	Far vision
	☐ May be removed for physical educat	
	= 113) of tollowed for physical educati	
2. Preferential seating recomm	mended:	
Comments		
	on: 3 months 6 months 12	
		2 months
U Other		
А		
5.		
Print name		License Number
	ysician (such as an ophthalmologist) e examination	
who provided the ey	e examination a MD a OD a 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.
		(Parent or Guardían's Signature)
DÍ .		(Date)
rnone		(Date)
Signature		Date
		and demolation responsible in the contract and an investment of the contract o
7.m	A I. I	ee
(Sou	irce: Amended at 32 III. Reg	ettective)