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 Na					· · · · · · · · · · · · · · · · · · ·	Birth Date:		_ Sex:	Grade:
	(Last)	rst)	(Middle Initial)				(r.)		
Parent or G	Guardian:	(Last)			(First)		Phone:	(Area Code)	
Address:					(1.00)				
///////////////////////////////////////	(Number)	(S	treet)		(City) (Zi	p Code)	_ 00011191		
			То	Be Comp	leted By Exam	ining Doctor			
Case Histo	ory						Date of	Exam:	
Ocular Hist Medical His Drug Allerg Other Infor	story:	 Normal Normal None 	or Po or All	sitive for: ergic to: _					
Examination	on								
Refractior	ו:				Distance			Near	
Best Corr	naided Visual rected Visual tion performe	Acuity: 2		20 / 20 / ents?	Left Yes 🖵 No	Both 20 / 20 /	20 / 20 /	Both	_
Internal Ex: Neurologic: Binocular F Accommod Color Visio IOP (glauce Oculomoto	oma) r Assessmen	ens, fundus upils) eopsis) rgence t	s, etc.)	Normal	Abnormal	Not Able to As			mments
-				peropia	🗆 Actic	matism	Strabis	emue	Amblyopia
Other:						Jination		51105	
Recomme				· · · · · · · · · ·					
 Correct Preferer 	tive Lenses: ntial seating r	ecomment	ded: 🛛 No	Yes		□ May Be Re	emoved for	Physical E	·····
	nend re-exar			nonths	6 months	12 months		۶r	
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:	Optometr	ist or Physicia	an Who Provid	es Eye Exan	ninations	Phone:			