

**Vision Examinations:** Public Act 95-671, effective **Tuesday, January 1, 2008**, requires that all children enrolling in kindergarten in a public, private or parochial school and any student enrolling for the first time in a public, private or parochial school shall have an eye examination.

- Each such child is to present proof of having been examined by a physician licensed to practice medicine in all its branches or a licensed optometrist within the previous year before **October 15** of the school year. If the child fails to present proof by October 15, the school may hold the child's report card until either (a) the child presents proof of a completed eye examination or (ii) the child presents proof that any eye examination will take place within 60 days after October 15.
- This requirement may be waived for children who show an undue burden or a lack of access to a physician licensed to practice medicine in all its branches who provides eye examinations or to a licensed optometrist. Moreover, parents or legal guardians who object to eye examinations on religious grounds shall not be required to submit their children to the examination if such parents or legal guardians present to the appropriate local school authority a signed statement of objection, detailing the grounds for the objection.
- Each public, private and parochial school is required to give notice of this eye examination requirement to the parents and guardians of students. Every school shall report to the State Board of Education by **June 30** the number of children who have received the required eye examination, indicating, of those who have not received the required eye examination, the number of children who are exempt from the eye examination on religious grounds, the number of children who have received a waiver, and the total number of children in noncompliance with the eye examination requirement.



# 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 \_\_\_\_\_  
(Month Day Year)

Parent or Guardian \_\_\_\_\_  
(Last) (First)

Phone \_\_\_\_\_  
(Area Code)

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 Allergic to \_\_\_\_\_

Other Information \_\_\_\_\_

#### Examination

Refraction:	Distance			Near
	Right	Left	Both	Both
Unaided Visual Acuity	20/	20	20/	20/
Best Corrected Visual Acuity	20/	20	20/	20/

Was refraction performed with cycloplegic agents?  Yes  No

	Normal	Abnormal	Not Able to Assess	Comments
External Exam (eye and adnexa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal Exam (media, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological Integrity (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Binocular Function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accommodation and Vergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Color Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
IOP (glaucoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oculomotor Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

#### Diagnosis

Normal  Myopia  Hyperopia  Astigmatism  Strabismus  Amblyopia

Other \_\_\_\_\_



# State of Illinois Eye Examination Report

## Recommendations

1. Corrective Lenses:  No  Yes, glasses 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:  3 months  6 months  12 months  
 Other \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Print name \_\_\_\_\_  
Optometrist or Physician who provides eye examinations

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_  
Optometrist or Physician who provides eye examinations

**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)

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)