

School Eye Examinations Information Sheet

- Effective date: January 1, 2008.
 - 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 are required to have an eye examination.
 - The eye examination requirement does not apply to children enrolling in preschool.
 - Examinations must be performed by a licensed optometrist or medical doctor who performs eye examinations, as specified in Illinois Department of Public Health administrative rules. He/she shall complete and sign the Eye Examination Report form, as designated and available on the Illinois Department of Public Health and the Illinois State Board of Education websites.
 - Before October 15 of the school year, each child to whom the eye examination requirement applies is required to present proof of an eye examination by a licensed optometrist or medical doctor who performs eye examinations, as specified in the Illinois Department of Public Health administrative rules.
 - The required eye examination must be completed within one year prior to the first day of the school year in which the child enters kindergarten or the child enters the Illinois school system for the first time, whether entering a public, private, or parochial school.
 - For students attending school programs where grade levels are not assigned, eye examinations must be completed within one year prior to the first day of the school year of the child's first entry into the Illinois school system.
 - The Eye Examination Report form and the Eye Examination Waiver form are uniform for statewide use. The authorized forms are available on the Illinois Department of Public Health and the Illinois State Board of Education websites; other organizations or agencies may link to these websites to access the forms. The Eye Examination Report form and the Eye Examination Waiver form, both dated 6/09, must be used.
 - If a child fails to present proof of the required eye examination by October 15, the school may withhold the child's report card until:
 - ▽ The child presents proof of the required eye examination by submitting a completed Eye Examination Report form.
- OR**
- ▽ The child presents an Eye Examination Waiver form indicating—
 - The child is enrolled in medical assistance/All Kids, but the family is unable to locate in their community a licensed optometrist or a medical doctor who performs eye



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.

Student Name _____
(Last) (First) (Middle Initial)

Birth Date _____ Gender _____ 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

	Distance			Near
	Right	Left	Both	Both
Uncorrected visual acuity	20/	20/	20/	20/
Best corrected visual acuity	20/	20/	20/	20/

Was refraction performed with dilation? Yes No

	Normal	Abnormal	Not Able to Assess	Comments
External exam (lids, lashes, cornea, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal exam (vitreous, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pupillary reflex (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"/>	_____
Glaucoma evaluation	<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"/>	_____

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

Other _____



Recommendations

- 1. Corrective lenses: No 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: 3 months 6 months 12 months
- Other _____

4. _____

5. _____

Print name _____
Optometrist or physician (such as an ophthalmologist)
who provided the eye examination MD OD DO

License Number _____

Address _____

Phone _____

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)

(Date)

Signature _____

Date _____

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

examinations to examine the child and who will accept medical assistance/All Kids.

- The child does not have any type of medical or vision/eye care insurance coverage, the child does not qualify for medical assistance/All Kids, there are no low-cost vision/eye clinics in the community that will examine the child, and the family has exhausted all other means and does not have sufficient income to provide the child with an eye examination.
- Other undue burden or lack of access to a licensed optometrist or medical doctor who performs eye examinations prevents the child from obtaining an eye examination. (Specify.)

OR

- ∇ The child presents an exemption based on religious grounds (follow Section 27-8.1(8) of the School Code [105 ILCS 5/27-8.1(8)]).

OR

- ∇ The child presents proof of an appointment for an eye examination scheduled within 60 days after the October 15 deadline.

- Every school is required to report to the Illinois State Board of Education by June 30:

- ∇ Number of children with eye examinations completed.
- ∇ Number of children not completing an eye examination (no waiver, no religious exemption, and no approved appointment for an eye examination within 60 days after October 15).
- ∇ Number of children for whom a waiver is submitted due to undue burden or lack of access—
 - Child is enrolled in medical assistance/All Kids, but the family is unable to locate in their community a licensed optometrist or a medical doctor who performs eye examinations to examine the child and who will accept medical assistance/All Kids.
 - Child does not have any type of medical or vision/eye care coverage, child does not qualify for medical assistance/All Kids, there are no low-cost vision/eye clinics in the community that will examine the child, and the family has exhausted all other means and does not have sufficient income to provide the child with an eye examination.
 - Other undue burden or lack of access to a licensed optometrist or medical doctor who performs eye examinations. (Specify.)
- ∇ Number of children receiving an exemption based on religious objection.
- ∇ Number of children submitting proof of an appointment for an eye examination scheduled within 60 days after the October 15 deadline.