

## EYE EXAMINATION FORMS

### ALL STUDENTS ENTERING KINDERGARTEN OR HOLY FAMILY FOR THE FIRST TIME

**DEADLINE:** All children enrolling in kindergarten and any student enrolling for the first time are required to have an eye examination. Holy Family School requires that this form be returned to the school on SCHOOL BUSINESS DAY IN AUGUST before the child may start classes.

**OPTOMETRIST OR SPECIALIST:** Examinations must be performed by a licensed optometrist or medical doctor who specializes in eye examinations, as specified in Illinois Department of Public Health administrative rules. He/she must complete and sign the form.

The required eye examination must be completed within one year *prior to* the first day of school the year the child enters kindergarten or Holy Family.

If a child fails to present proof of the required eye examination to Holy Family School by October 15, according to the state, the school may withhold the child's report card until:

**WAIVER:** Rather than submitting an Eye Examination Report, an Eye Examination Waiver may be accepted if one of the following applies:

1. 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 examinations to examine the child and who will accept medical assistance/All Kids.
2. 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.)
3. 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)]).



# 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.

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 \_\_\_\_\_



# State of Illinois Eye Examination Report

### 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 \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

<p><b>Consent of Parent or Guardian</b>          I agree to release the above information on my child          or ward to appropriate school or health authorities.</p> <p>_____          (Parent or Guardian's Signature)</p> <p>_____          (Date)</p>
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(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)