



### **Vision Examinations: new for the 2008-2009 school year**

Effective January 1, 2008, all children enrolling in **Kindergarten** 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.

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.

## School Eye Examinations Information Sheet

- Effective date: January 1, 2008.
- All Illinois children in kindergarten or upon first entry into an Illinois school beyond kindergarten (i.e., grades 1-12) are required to have an eye examination.
- This requirement includes all public, private, and parochial schools.
- 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.
- Each child is required to present proof of an eye examination by an optometrist or medical doctor who performs eye examinations, as specified in the Illinois Department of Public Health administrative rules, prior to October 15 of the school year.
- School eye examinations must have been completed within the 12 months prior to the October 15 deadline.
- 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 5/08, 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.
    - The child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid/All Kids).
    - The child is enrolled in Medicaid/All Kids, but the family is unable to locate a medical doctor who performs eye examinations or an optometrist in the community able to see the child and who will accept Medicaid/All Kids.
    - The child does not have any type of medical or vision/eye care insurance coverage and there are no low-cost eye/vision clinics in the community that will see the child.
  - 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 shall 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 for undue burden/lack of access.
    - Number of children for whom a waiver is submitted because the child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid/All Kids).
    - Number of children for whom a waiver is submitted because the child is enrolled in Medicaid/All Kids, but is unable to locate a medical doctor who performs eye examinations or an optometrist in the community able to see the child and who will accept Medicaid/All Kids.
    - Number of children for whom a waiver is submitted because the child does not have any type of medical or vision/eye care insurance coverage and there are no low-cost eye/vision clinics in the community that will see the child.
  - ▽ 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.



# 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

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



# State of Illinois Department of Public Health Eye Examination Waiver Form

**Please print:**

Student Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
(Month/Day/Year)

Address \_\_\_\_\_  
(Number) (Street) (City) (ZIP Code)

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

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

Address of Parent or Guardian \_\_\_\_\_  
(Number) (Street) (City) (ZIP Code)

**I am unable to obtain the required vision examination because:**

My child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid/All KIDS).

My child is enrolled in Medicaid/All KIDS, but we are unable to find a medical doctor who performs eye examinations or an optometrist in the community who is able to see the child and accepts Medicaid/All KIDS.

My child does not have any type of medical or vision/eye care insurance coverage, and there are no low-cost vision/eye clinics in our community that will see my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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