

# 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<sup>th</sup> 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 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First) (Middle Initial) (Mo.) (Day) (Yr.)

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Last) (First) (Area Code)

Address: \_\_\_\_\_ County: \_\_\_\_\_  
(Number) (Street) (City) (Zip Code)

## 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: \_\_\_\_\_

### 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: Mark W. Burke OD  
Optometrist or Physician Who Provides Eye Examinations

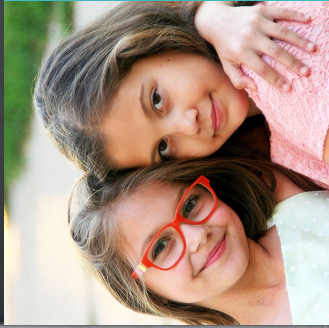
Address: 4Sight iCare, 11914 IL-59, #106  
Plainfield, IL 60585

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)

Phone: (815) 676-4474

ERASE VISION ISSUES  
BEFORE THEY GO  
BACK TO SCHOOL



**80%**  
OF LEARNING IS  
VISUAL

E  
F P  
T O Z  
L P E D  
P E C F D  
E D F C Z P  
F E L O P Z D  
D E F P O T E C  
L E F O D P C T

A SightCare

# \$150 INSTANT SAVINGS

## BACK TO SCHOOL SPECIAL

Requires a pediatric comprehensive eye examination (younger than 18 years old). The amount collected for the child's eye exam is deducted from **any** prescription eyeglass purchase made the same day (**MAY BE COMBINED WITH INSURANCE**). Perfect for families who have not yet added their child to a vision plan prior to the state deadline for the Illinois Eye Examination Report. **Valid April 1st to October 15th**. All students entering Illinois schools including new Kindergarteners are required by state law to have a comprehensive eye exam with a qualified eye care professional prior to entering school!