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 Information]

[Case History]

[Examination]

[Diagnosis]
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________________________________________ License Number________________________
Optometrist or physician (such as an ophthalmologist) who provided the eye examination ☐ MD ☐ OD ☐ DO
Address __________________________________________
__________________________________________________
Phone ____________________________________________
Signature __________________________________________ Date ___________________

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)

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