

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		(L	ast)			(F	irst)	(Middle Initial
Birth Date					Grade _		•	Ç <u></u>
(Mc	onth/Day/Ye	ar)						
Parent or Guardian	denote a su en consular situa	V-000000000000000000000000000000000000	(Last)			(First)	KARANGANAN PENBERSIAN DIPERSI ANTANGANG PENBERSIAN DIPERSI ANTANGAN PENBERSIAN P
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(Area Code)								
Address			1000yea 1400 1277 1111 14	/0\	, group warming in the contract of the contrac	mandro respective	(City)	(ZIP Code)
							(Chy)	(ZIF Code)
County		AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	- page 1, page	THE RESERVE OF THE PARTY OF THE	enter and the			
				To Be Comp	leted By Exa	mining	g Doctor	
Case History Date of exam	and the control of th	and the second s						
Ocular history:			ositive	for	********************************	> exx		
Medical history:								
Drug allergies:	O NK							
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Other information _	***************************************	A. A	***************************************	ngananakalangka tunna di bagai da dan julia salah	THE PARTICULAR PROPERTY OF A P	**************	> > = = = = = = = = = = = = = = = = = =	e a servicio e e en servicio e servicio de servicio de del contrato de del del el del del del del del del d
Examination								
Parameter and apply to the section of the section (section in the section in the	e en	Distance	***********		Near			
		Right	Left	Both	Both			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		20/	20/	20/	20/			
Best corrected visual acuity 20/		120/	20/	20/	20/			
Was refraction perfe	ormed wi	th dilation?	O Y	es □ No				•
was remained join								
				Normal	Abnor	mal	Not Able to Assess	Comments
External exam (lids, lashes, cornea, etc.)				ü	ü		u	A AAA KA K
Internal exam (vitreous, lens, fundus, etc.)				Ü	Ü		ü	N-CENTAGORNAPIA (PERIODE NO RESPONDE PARE)
Pupillary reflex (pupils)				0			3	- Procedure of the contract of
Binocular function (stereopsis)				ū	<u> </u>		U	***************************************
Accommodation and vergence				<u>u</u>	Ų		Q	
Color vision			0	0		<u>0</u>	era contra con la deportamenta de la constitución d	
Glaucoma evaluation					Q		<u> </u>	Philameter for alken hinder proposed parage to
Oculomotor assessment				ü	Ų		U	ACCUPATION OF THE PROPERTY OF
Other					u		a	recommendation of the control of the
NOTE: "Not Able to	Assess" re	fers to the in	nability -	of the child to	complete the to	st, not	the inability of the doctor	to provide the test.
Diagnosis								
□ Normal □ My	opia (🕽 Нурсгор	ia C	l Astigmatisi	n 🔲 Strab	ismus	□ Amblyopia	
Other								
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Recommendations		
. Corrective lenses: a No	☐ Yes, glasses or contacts should be w	
	☐ Constant wear ☐ Near vision ☐	Far vision
	May be removed for physical education	ation
	L. C. D.N. D.Voo	
	mended:	
Decommend re-examination	on: 🖸 3 months 🚨 6 months 🚨	12 months
U Other		
f .		
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		
Print name	() to a supplet land origin	License Number
Optometrist or p. who provided the	hysician (such as an ophthalmologist) eye examination MD OD DO	Constitution of the second sec
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Consent of Parent or Guardian l agree to release the above information on my child
		or ward to appropriate school or health authorities.
Address		
and the state of t		(Parent or Guardian's Signature)
		(Date)
Phone		(Date)
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