

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Child Health Examination Code
- 2) Code Citation: 77 Ill. Adm. Code 665
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
665.100	Repeal
665.105	Amendment
665.115	Amendment
665.120	Amendment
665.130	Amendment
665.150	Amendment
665.160	Amendment
665.510	Amendment
665.610	Amendment
665.620	Repeal
665.630	Amendment
665.640	Repeal
665.650	New
665.APPENDIX A	Amendment
665.APPENDIX C	New
665.APPENDIX D	New
665.APPENDIX E	New
665.APPENDIX F	New
- 4) Statutory Authority: Section 27-8.1 of the School Code [105 ILCS 5/27-8.1]
- 5) A Complete Description of the Subjects and Issues Involved: These amendments will implement Public Act 95-671, which amended the School Code to mandate eye examinations for all children enrolling in kindergarten in a public, private, or parochial school and any student enrolling for the first time in a public, private, or parochial school, on or after the January 1, 2008. The amendments include definitions; referenced materials; requirements for report forms and proof of examination; requirements for the examinations; and procedures for waivers from the eye examination requirement. Eye examinations are required to be performed by optometrists or by physicians who provide eye examinations. An Eye Examination Report form and an Eye Examination Waiver form have been appended. The rulemaking also includes forms for dental examinations and dental examination waivers.

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- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? Yes
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? Yes

<u>Section Number:</u>	<u>Proposed Action:</u>	<u>Ill. Reg. Citation:</u>
665.140	Amendment	32 Ill. Reg. 8545; June 13, 2008

- 11) Statement of Statewide Policy Objective: This rulemaking will affect approximately 900 Illinois public school districts and may require additional expenditures from local revenues.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after the publication of this issue of the *Illinois Register* to:

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield, Illinois 62761

217/782-2043
e-mail: DPH.RULES@illinois.gov

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Public, private and parochial schools; local health departments; optometrists, physicians
- B) Reporting, bookkeeping or other procedures required for compliance:

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Annual reports to Illinois State Board of Education Eye Examination Report forms Eye Examination Waiver forms

- C) Types of professional skills necessary for compliance: physicians; optometrists
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2008

The full text of the Proposed Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER i: MATERNAL AND CHILD HEALTHPART 665
CHILD HEALTH EXAMINATION CODE

SUBPART A: GENERAL PROVISIONS

Section

665.100	Statutory Authority (Repealed)
665.105	Definitions
665.110	General Considerations (Repealed)
665.115	Referenced Materials

SUBPART B: HEALTH EXAMINATION

Section

665.120	Health Examination Requirements Requirement
665.130	Performance of Health Examination and Verification of Certificate of Child Health Examination
665.140	Timetable for Examinations
665.150	Report Forms
665.160	Proof of Examination
665.210	Proof of Immunizations
665.220	Local School Authority (Repealed)
665.230	School Entrance
665.240	Basic Immunization
665.250	Proof of Immunity
665.260	Booster Immunizations
665.270	Compliance with the School Code
665.280	Physician Statement of Immunity
665.290	List of Non-immunized Students

SUBPART C: VISION AND HEARING SCREENING

Section

665.310	Vision and Hearing Screening
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SUBPART D: DENTAL EXAMINATION

Section

665.410	Dental Examination Requirement
665.420	Dental Examination Timetable
665.430	Dental Examination
665.440	Guidelines (Repealed)
665.450	Waiver of Dental Examination Requirement

SUBPART E: EXCEPTIONS

Section

665.510	Objection of Parent or Legal Guardian
665.520	Medical Objection

SUBPART F: [EYEVISION](#) EXAMINATION

Section

665.610	EyeVision Examination Requirement Recommendation
665.620	Vision Examination (Repealed)
665.630	EyeVision Examination Report
665.640	Indigent Students (Repealed)
665.650	Waiver of Eye Examination Requirement

SUBPART G: DIABETES SCREENING

Section

665.700	Diabetes Screening Requirement
665.710	Diabetes Screening
665.720	Testing Recommendations

665.APPENDIX A [Illinois Department of Public Health EyeVision](#) Examination Report

665.APPENDIX B Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib)

[665.APPENDIX C](#) [Illinois Department of Public Health Eye Examination Waiver Form](#)

[665.APPENDIX D](#) [Illinois Department of Public Health Dental Examination Form](#)

[665.APPENDIX E](#) [Illinois Department of Public Health Dental Examination Waiver Form](#)

AUTHORITY: Implementing and authorized by Section 27-8.1 of the School Code [105 ILCS

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5/27-8.1] and Section 6.2 of the Lead Poisoning Prevention Act [410 ILCS 45/6.2].

SOURCE: Emergency rule adopted at 4 Ill. Reg. 38, p. 275, effective September 10, 1980, for a maximum of 150 days; emergency rule adopted at 4 Ill. Reg. 41, p. 176, effective October 1, 1980, for a maximum of 150 days; adopted at 5 Ill. Reg. 1403, effective January 29, 1981; codified at 8 Ill. Reg. 8921; amended at 11 Ill. Reg. 11791, effective June 29, 1987; amended at 13 Ill. Reg. 11565, effective July 1, 1989; amended at 13 Ill. Reg. 17047, effective November 1, 1989; emergency amendment at 14 Ill. Reg. 5617, effective March 30, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14543, effective August 27, 1990; amended at 15 Ill. Reg. 7706, effective May 1, 1991; amended at 18 Ill. Reg. 4296, effective March 5, 1994; amended at 20 Ill. Reg. 11950, effective August 15, 1996; emergency amendment at 21 Ill. Reg. 11966, effective August 15, 1997, for a maximum of 150 days; emergency expired on January 1, 1998; amended at 26 Ill. Reg. 5921, effective July 1, 2002; amended at 26 Ill. Reg. 10689, effective July 1, 2002; amended at 29 Ill. Reg. 18127, effective October 24, 2005; emergency amendment at 32 Ill. Reg. 8778, effective May 30, 2008, for a maximum of 150 days; emergency amendment at 32 Ill. Reg. 9055, effective June 6, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 665.100 Statutory Authority (Repealed)

~~The Illinois Department of Public Health (Department) is authorized under Section 27-8.1 of the School Code [105 ILCS 5/27-8.1] to promulgate rules specifying the examinations and procedures that constitute a health examination and a dental examination and may recommend by rule that certain additional examinations be performed. (Section 27-8.1(2) of the School Code) The Department is also authorized to promulgate rules requiring immunizations against preventable communicable diseases. (Section 27-8.1(3) of the School Code)~~

(Source: Repealed at 32 Ill. Reg. _____, effective _____)

Section 665.105 Definitions

The following terms have the meaning ascribed to them here whenever the term is used in this Part:

Advanced practice nurse – *a person who is licensed as an advanced practice nurse under the NurseNursing and Advanced Practice Nursing Act [225 ILCS 65]. (Section 15-5 of the NurseNursing and Advanced Practice Nursing Act)*

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Body mass index (BMI) – the result of a calculation of weight and height measurement used to determine whether an individual's weight is appropriate for his/her height. Body mass index is calculated by dividing weight in pounds by height in inches squared times 703 (wt (lbs)/ht (in²) X 703).

Certified vision screener – a person who has been trained by the Illinois Department of Public Health and who holds a current and valid certification from the Department as a vision screener in accordance with Illinois Child Vision and Hearing Test Act [410 ILCS 205].

Dental examination – an examination, performed by a dentist, that includes, at a minimum, oral health status and treatment needs.

Dentist – a person who is licensed to practice dentistry under the Illinois Dental Practice Act [225 ILCS 25].

Department or IDPH – the Illinois Department of Public Health.

Eye examination – an examination, performed by an optometrist or a physician who provides eye examinations, that includes, at a minimum, history, visual acuity, subjective refraction to best visual acuity near and far, internal and external examination, and a glaucoma evaluation, as well as any other tests or observations that, in the professional judgment of the physician or optometrist, are necessary.

Glaucoma evaluation – an examination that includes the measurement by instrumentation of the intraocular pressure of the eye, and other tests focused on the optic nerve, as needed.

Health care provider – a physician, advanced practice nurse, or physician assistant who is authorized to conduct health examinations under Section 27-8.1(2) of the School Code.

Local school authority – that person having ultimate control and responsibility for any public, private/independent or parochial elementary or secondary school, or any attendance center or nursery school operated by an elementary or secondary school or institution of higher learning.

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Optometrist – a person who is licensed to practice optometry under the Illinois Optometric Practice Act of 1987 [225 ILCS 80].

Physician – a person who is licensed to practice medicine in all of its branches as provided in the Medical Practice Act of 1987 [225 ILCS 60].

Physician assistant – a person who is licensed as a physician assistant under the Physician Assistant Practice Act of 1987 [225 ILCS 95].

Registered nurse – a person who is licensed as a registered professional nurse under the ~~Nurse~~Nursing and Advanced Practice Nursing Act [225 ILCS 65].

Subjective refraction – determining the best visual status of the patient using ophthalmic lenses with directed patient response.

"Vision screening" – for purposes of this Part, refers to mandated vision screening by Department-certified vision screeners under the Child Vision and Hearing Test Act and the Department's rules titled Vision Screening (77 Ill. Adm. Code 685). Vision screening services include testing, evaluation and follow-up, which may include a recommendation for an eye examination.

"Visual acuity testing" – a measurement of the resolving power of the human eye using standardized testing conditions, usually by distinguishing standardized targets such as letters or children's symbols. It is done far at 20 feet and near at 16 inches without correction, with the present refractive correction, and with best correction by examination, and includes monocular and binocular findings.

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

Section 665.115 Referenced Materials

The following materials are referenced in this Part:

- a) Illinois Statutes:
 - 1) Child Vision and Hearing Test Act [410 ILCS 205]
 - 2) Medical Practice Act of 1987 [225 ILCS 60]

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- 3) Illinois Optometric Practice Act of 1987 [225 ILCS 80]
 - 4) School ~~Breakfast and~~Free Lunch Program Act [105 ILCS ~~125205~~]
 - 5) Illinois Dental Practice Act [225 ILCS 25]
 - 6) ~~Nurse~~Nursing and Advanced Practice ~~Nursing~~ Act [225 ILCS 65]
 - 7) Physician Assistant Practice Act of 1987 [225 ILCS 95]
 - 8) Lead Poisoning Prevention Act [410 ILCS 45]
- b) Illinois Administrative Rules
- 1) Control of Tuberculosis Code (77 Ill. Adm. Code 696)
 - 2) Vision Screening (77 Ill. Adm. Code 685)
 - 3) Hearing Screening (77 Ill. Adm. Code 675)
 - 4) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)
 - 5) Immunization Code (77 Ill. Adm. Code 695)

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

SUBPART B: HEALTH EXAMINATION

Section 665.120 Health Examination ~~Requirements~~Requirement

- a) Health ~~examinations~~Examination for all public, private/independent and parochial school students in Illinois shall require a physical examination, in accordance with the timetable in Section 665.140, and, protection from communicable disease, ~~and vision and hearing screening according to the following rules of the Department. Lead screening is required as part of the health examination, as specified in Section 665.140(f).~~
- b) Eye examinations are required, as specified in Section 665.610.

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- c) Dental examinations are required, as specified in Section 665.410. ~~Lead screening is required as part of the health examination, as specified in Section 665.140(f).~~
- d) Vision and hearing screenings are required as specified in 77 Ill. Adm. Code 675.
- e) 77 Ill. Adm. Code 675 (Hearing Screening) and 77 Ill. Adm. Code 685 (Vision Screening).

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

Section 665.130 Performance of Health Examination and Verification of Certificate of Child Health Examination

Health examinations, other than dental examinations, eye examinations, and hearing and vision screening, shall be performed by, and the Certificate of Child Health Examination shall be signed by, a *physician licensed to practice medicine in all of its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes him/her to perform health examinations, or a physician assistant to whom has been delegated the performance of health examinations by his/her supervising physician.* (Section 27-8.1(2) of the School Code) A physician is required to review and sign any portion of the Certificate of Child Health Examination completed by a registered nurse who is not an advanced practice nurse.

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

Section 665.150 Report Forms

Health examinations shall be reported on the ~~uniform~~ forms that the Department of Public Health and the Illinois State Board of Education prescribe for ~~statewide~~Statewide use. The required form is the Certificate of Child Health Examination provided by the Department. For eye examinations, the required form is the Illinois Department of Public Health Eye Examination Report. For dental examinations, the required form is the Illinois Department of Public Health Dental Examination Report.

- a) For transfer students from out of the State or out of the country, or from a federal Head Start program, a health form that is comparable to the Illinois requirements may be accepted only at the time of first entry into an Illinois school. (A statement by a physician or other health care provider indicating only that an examination was conducted is not acceptable.)

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- b) The physical examination shall include an evaluation of height, weight, BMI, blood pressure, skin, eyes, ears, nose, throat, mouth/dental; cardiovascular (including blood pressure), respiratory, gastrointestinal, genito-urinary, neurological, and musculoskeletal evaluations; spinal examination; evaluation of nutritional status; lead screening; and other evaluations deemed necessary by the health care provider.
- c) The strongly recommended evaluations include hemoglobin or hematocrit, urinalysis, and testing for sickle cell disease. It is also recommended that the examiner list any medications that the child takes routinely, diet restrictions/needs, special equipment needed, other needs, or known allergies.
- d) The health care provider shall summarize on the report form any condition that he/she suspects indicates a need for special services.
- e) The medical history section of the form shall be completed and signed by the parent or legal guardian of the student. The medical history shall be inclusive, as indicated on the Certificate of Child Health Examination form.
- f) The individual verifying the administration of required immunizations shall record as indicated on the Certificate of Child Health Examination form that the immunizations were administered as required by this Part and any other Department rules requiring immunizations.
- g) Vision and hearing screening are required under the Child Vision and Hearing Test Act [410 ILCS 205] and the Department's rules governing hearing screening (77 Ill. Adm. Code 675) and vision screening (77 Ill. Adm. Code 685). Completion of the vision and hearing screening data section of the Certificate of Child Health Examination is optional.
- h) If the vision and hearing screening data section is completed, it shall be completed with information provided by the vision and hearing screening personnel certified by the Department ~~or from qualified medical or other professional specialists~~.
- i) If the student is required to have a sports physical in the year that coincides with the child health examination requirement, the Certificate of Child Health Examination may be accepted as proof of examination for interscholastic sports if the statement regarding participation in interscholastic sports is completed by the

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health care provider.

- j) The health care provider shall indicate on the form the results of a tuberculosis skin test screening, if conducted.

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

Section 665.160 Proof of Examination

- a) Every student who is required by Section 27-2.8(1) of the School Code and Section 665.140 of this Part to have a health examination shall present proof to the local school authority of having had the health examination prior to the date of entrance to school.
- b) For the purpose of this Part, "proof of [health](#) examination" refers to completion of the Certificate of Child Health Examination in accordance with Section 665.150 [of this Part](#).
- c) [For the purpose of this Part, "proof of eye examination" refers to completion of the Illinois Department of Public Health Eye Examination Report in accordance with Section 665.150.](#)
- d) [For the purpose of this Part, "proof of dental examination" refers to completion of the Illinois Department of Public Health Eye Examination Report in accordance with Section 665.420.](#)

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

SUBPART E: EXCEPTIONS

Section 665.510 Objection of Parent or Legal Guardian

[Parents or legal guardians who object to health, dental or eye examinations or any part thereof, or to immunizations, or to vision and hearing screening tests, on religious grounds shall not be required to submit their children or wards to the examinations or immunizations to which they so object if such parents or legal guardians present to the appropriate local school authority a signed statement of objection, detailing the grounds for the objection. \(Section 27-8.1\(8\) of the School Code\)](#)~~Parent or legal guardian of a student may object to health examinations, immunizations, vision and hearing screening tests, and dental health examinations for their~~

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~~children on religious grounds. If a religious objection is made, a written and signed statement from the parent or legal guardian detailing such objections must be presented to the local school authority.~~ The objection must set forth the specific religious belief ~~that~~^{which} conflicts with the examination, immunization or other medical intervention. The religious objection may be personal and need not be directed by the tenets of an established religious organization. General philosophical or moral reluctance to allow physical examinations, eye examinations, immunizations, vision and hearing screening, ~~or and~~ dental examinations will not provide a sufficient basis for an exception to statutory requirements. The local school authority is responsible for determining whether the written statement constitutes a valid religious objection. The ~~parent or legal guardian must be informed by the~~ local school authority shall inform the parent or legal guardian of measles outbreak control exclusion procedures in accordance with the Department's rules, Control of Communicable Diseases Code (77 Ill. Adm. Code 690) at the time ~~the~~^{such} objection is presented.

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

SUBPART F: EYEVISION EXAMINATION**Section 665.610 EyeVision Examination RequirementRecommendation**

- a) All children enrolling in kindergarten in a public, private, or parochial school and any student enrolling for the first time in a public, private, or parochial school shall have an eye examination. Each of these children shall present proof of having been examined by a physician who performs eye examinations or an optometrist within the previous year, in accordance with Section 27-8.1(1.10) of the School Code and this Part before October 15 of the school year. (Section 27-8.1(1.10) of the School Code)
- b) The eye examination requirement does not apply to children enrolling in preschool.
- c) The required eye examination shall be completed within one year prior to October 15 of the school year in which the child enters kindergarten or the child first enters any public, private, or parochial school. For students attending school programs where grade levels are not assigned, eye examinations shall be completed prior to October 15 of the year of the child's first entry into the Illinois school system.
- d) An eye examination shall at a minimum include history, visual acuity, subjective

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refraction to best visual acuity near and far, internal and external examination, and a glaucoma evaluation, as well as any other tests or observations that in the professional judgment of the doctor are necessary. (Section 27-8.1(2) of the School Code)

- e) In addition to the requirements of subsection (d), optometrists shall include measurements of binocular acuity and ocular motility, and color vision screening in the required eye examination, as required by the Illinois Optometric Practice Act of 1987 [225 ILCS 80].

~~It is recommended, but not required, that a vision examination, including ophthalmoscopy and subjective refraction, be performed on public, private/independent, and parochial school students by a physician or an optometrist.~~

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

Section 665.620 Vision Examination (Repealed)

- a) ~~If a vision examination is performed, it shall not be performed in the place of, or rather than performing, vision screening, and shall be conducted within one year:~~
- ~~1) Prior to the date of entering kindergarten or first grade;~~
 - ~~2) Prior to the date of entering the fifth grade; and~~
 - ~~3) Prior to the date of entering the ninth grade;~~
- b) ~~For students attending school programs where grade levels are not assigned, examinations shall be completed prior to the date of entering and within one year prior to the ages of 5, 10 and 15.~~

(Source: Repealed at 32 Ill. Reg. _____, effective _____)

Section 665.630 EyeVision Examination Report

The eye examination shall be recorded on the Department of Public Health Eye Examination Report prescribed by the Department for statewide use (see Appendix A). The report form is available on the Department's website. The completed form shall be presented to the local school authority.~~If performed, the vision examination shall be recorded on the Vision Examination~~

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~~Report prescribed by the Department for statewide use and presented to the local school authority. (See Section 665.640 Appendix A Vision Examination Report.)~~

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

Section 665.640 Indigent Students (Repealed)

~~School districts opting to require vision examinations as a part of the health examination shall ensure vision examinations are made available for indigent students. Indigent students are those students eligible for the "free breakfast and free lunch program" under the School Free Lunch Program Act (Ill. Rev. Stat. 1991, ch. 122, pars. 712.01 et seq.) [105 ILCS 125].~~

(Source: Repealed at 32 Ill. Reg. _____, effective _____)

Section 665.650 Waiver of Eye Examination Requirement

Children who show an undue burden or a lack of access to an optometrist or to a physician who provides eye examinations shall receive a waiver from the requirement for an eye examination. (Section 27-8.1(1.10) of the School Code) The school or district shall make a waiver from the eye examination requirement available, and shall provide a Department-prescribed waiver form that shall be used to demonstrate the child's eligibility for a waiver (see Appendix C).

- a) For the purpose of this Section, an undue burden or lack of access to an optometrist or to a physician who performs eye examinations includes, but is not limited to, the following circumstances:
- 1) The child is enrolled in the free and reduced lunch program under the School Breakfast and Lunch Program Act and is ineligible for public assistance (medical assistance/All Kids).
 - 2) The child is enrolled in medical assistance/All Kids, but the parent or guardian is unable to find an optometrist or physician in the community who performs eye examinations, who is able to see the child and who accepts medical assistance/All Kids.
 - 3) The child does not have any type of medical or vision/eye insurance coverage, and there are no low-cost clinics in the community that provide eye examinations as required in Section 665.610 and that will see the child.

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- b) The Eye Examination Waiver Form shall be submitted to the school by October 15 of the school year. If the Eye Examination Waiver Form is not submitted by October 15, the school may hold the child's report card until the Eye Examination Waiver Form is submitted.

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

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Section 665.APPENDIX A Illinois Department of Public Health Eye~~Vision~~ Examination Report

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: _____ Gender: _____ Grade: _____
(Mo.) (Day) (Yr.)

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

<u>Refraction:</u>	<u>Distance</u>		<u>Near</u>
	<u>Right</u>	<u>Left</u>	<u>Both</u>

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<u>Unaided Visual Acuity:</u>	<u>20 /</u>	<u>20 /</u>	<u>20 /</u>	<u>20 /</u>
<u>Best Corrected Visual Acuity:</u>	<u>20 /</u>	<u>20 /</u>	<u>20 /</u>	<u>20 /</u>

Was refraction performed with cycloplegic agents? Yes No

	<u>Normal</u>	<u>Abnormal</u>	<u>Not Able to Assess</u>	<u>Comments</u>
<u>External Exam (eye and adnexa)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Internal Exam (media, lens, fundus, etc.)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Neurological Integrity (pupils)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Binocular Function (stereopsis)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Accommodation and Vergence</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Color Vision</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>IOP (glaucoma)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Oculomotor Assessment</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Other:</u> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diagnosis

- Normal Myopia Hyperopia Astigmatism
- Strabismus Amblyopia

Other: _____

Recommendations

- Corrective Lenses: No Yes, glasses should be worn for:
 Constant Wear Near Vision Far Vision
 May Be Removed for Physical Education
- Preferential Seating Recommended: No Yes Comments: _____
- Recommend Re-examination: 3 months 6 months 12 months
 Other _____
- _____
- _____

Print Name: _____
Optometrist or Physician Who Provides Eye Examinations

Address: _____

Phone: _____

<p><u>Consent of Parent or Guardian</u> <u>I agree to release the above information</u> <u>on my child or ward to appropriate school</u> <u>or health authorities.</u></p>
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Signature: _____
 Optometrist or Physician Who Provides Eye Examinations

Date: _____

(Parent or Guardian's Signature)

Date: _____

STATE OF ILLINOIS
VISION EXAMINATION REPORT

White - Doctor's Referral
 Yellow - File

Date _____

Name _____ Birth Date _____ Sex _____ Grade _____
(Last) (First) (Initial) (Mo) (Day) (Yr)

Parent or Guardian _____ Phone _____
(Last) (First) (Area Code)

Address _____ County _____
(Number) (Street) (City) (Zip Code)

Testing Location _____ Testing Agency _____ Tester _____

TO BE COMPLETED FOLLOWING SCREENING

TEST GIVEN:

± Instrument Used _____

a. Visual Acuity

b. Plus Sphere

c. Muscle Balance

d. Near and Far Binocular Vision

e. Other _____

REASON FOR REFERRAL:

1. Visual Acuity

2. Plus Sphere

3. Muscle Balance—Phoria

4. Near and Far Binocular Vision—Fusion

SYMPTOMS NOTED:

1. Academic Achievement

2. Observable Signs: _____

TO THE DOCTOR

CHILD WEARING GLASSES OR UNDER CARE



Children wearing glasses or under care are not screened as part of the routine vision screening program. Observations by screening technicians possibly indicate the following:

Frames broken/too small

Lenses scratched/broken

Two years since last examination

Other: _____

TO BE COMPLETED BY EXAMINING DOCTOR

DISTANCE

(1) Uncorrected Visual Acuity		(2) Best Corrected Visual Acuity	
Right	Left	Right	Left

PLEASE CHECK IF APPROPRIATE

Treatment recommended

Medical

Glasses

Contact Lenses

Other: _____

Corrective Lens prescribed

Constant Wear

Near Vision only

Far Vision only

May be removed for physical education

Visual field restriction

Amblyopia exists

Muscle imbalance exists

Close work may be difficult or cause fatigue

Preferential seating needed

Re-examination advised

(3) Oculomotor Assessment: _____

(4) Diagnosis: _____

(5) Comments: _____

IMPORTANT NOTICE

This state agency is requesting disclosure of information that is

Name (Last) (First) (Initial)

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necessary to accomplish the statutory purpose as outlined under Public Act 81-174. Disclosure of this information is voluntary, and there is no penalty for non-compliance. This form has been approved by the Forms Management Center.

- Six months
- Twelve months
- Other _____

Please print or stamp _____

Doctor's Name: _____

Address: _____

City: _____

Date of Examination: _____

Doctor's Signature

<u>CONSENT OF PARENT OR GUARDIAN</u>	
<u>I agree to release the above information on my child or ward to appropriate school or health authorities.</u>	

Parent or Guardian's Signature	
<u>IDPH V-4</u>	<u>4-82</u>

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

DEPARTMENT OF PUBLIC HEALTH

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Section 665.APPENDIX C Illinois Department of Public Health Eye Examination Waiver Form

State of Illinois
Department of Public Health

EYE EXAMINATION WAIVER FORM

Please print:

<u>Student's Name:</u> <u>Last</u> <u>First</u> <u>Middle</u>			<u>Birth Date:</u> <u>(Month/Day/Year)</u>
<u>Address:</u> <u>Street</u> <u>City</u> <u>ZIP Code</u>			<u>Telephone:</u>
<u>Name of School:</u>		<u>Grade Level:</u>	<u>Gender:</u> <input type="checkbox"/> <u>Male</u> <input type="checkbox"/> <u>Female</u>
<u>Parent or Guardian:</u>		<u>Address (of parent/guardian):</u>	

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 (medical assistance/All Kids).
- My child is enrolled in medical assistance/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 medical assistance/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 _____)

DEPARTMENT OF PUBLIC HEALTH

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Section 665.APPENDIX D Illinois Department of Public Health Dental Examination Form**Illinois Department of Public Health****PROOF OF SCHOOL DENTAL EXAMINATION FORM****To be completed by the parent (please print):**

<u>Student's Name:</u> Last First Middle			<u>Birth Date:</u> (Month/Day/Year) / /
<u>Address:</u> Street City ZIP Code			<u>Telephone:</u>
<u>Name of School:</u>		<u>Grade Level:</u>	<u>Gender:</u> <input type="checkbox"/> Male <input type="checkbox"/> Female
<u>Parent or Guardian:</u>		<u>Address (of parent/guardian):</u>	

To be completed by dentist:**Oral Health Status (check all that apply)** Yes No**Dental Sealants Present** Yes No**Caries Experience / Restoration History** – A filling (temporary or permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars. **Include both treated and untreated decay.** Yes No**Untreated Caries** – At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present. Yes No**Soft Tissue Pathology** Yes No**Malocclusion****Treatment Needs (check all that apply)** **Urgent Treatment** – abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection or swelling

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- [**Restorative Care** – amalgams, composites, crowns, etc.](#)
- [**Preventive Care** – sealants, fluoride treatment, prophylaxis](#)
- [**Other** – periodontal, orthodontic](#)
- [Please note](#)

[Signature of Dentist](#) _____ [Date of Exam](#) _____

[Address:](#) _____ [Telephone](#) _____

[Street](#) _____ [City](#) _____ [Zip Code](#) _____

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Section 665.APPENDIX E Illinois Department of Public Health Dental Examination Waiver Form

Illinois Department of Public Health

DENTAL EXAMINATION WAIVER FORM

Please print:

<u>Student's Name:</u> Last First Middle			<u>Birth Date:</u> (Month/Day/Year) ____/____/____
<u>Address:</u> Street City ZIP Code			<u>Telephone:</u>
<u>Name of School:</u>		<u>Grade Level:</u>	<u>Gender:</u> <input type="checkbox"/> Male <input type="checkbox"/> Female
<u>Parent or Guardian:</u>		<u>Address (of parent/guardian):</u>	

I am unable to obtain the required dental examination because:

- My child is enrolled in the free and reduced lunch program and is not covered by private or public dental insurance (medical assistance/All Kids).
- My child is enrolled in the free and reduced lunch program and is ineligible for public insurance (medical assistance/All Kids).
- My child is enrolled in medical assistance/All Kids, but we are unable to find a dentist or dental clinic in our community that is able to see my child and will accept medical assistance/All Kids.
- My child does not have any type of dental insurance, and there are no low-cost dental clinics in our community that will see my child.

Signature _____ Date _____

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