

ILLINOIS REGISTER

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DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

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

<u>Section Numbers:</u>	<u>Emergency Action:</u>
665.610	Amend
665.620	Repeal
665.630	Amend
665.640	Repeal
665.650	New
665. APPENDIX A	Amend
665. APPENDIX C	New
- 4) Statutory Authority: Section 27-8.1 of the School Code [105 ILCS 5/27-8.1].
- 5) Effective Date of Rulemaking:
- 6) If this emergency rulemaking is to expire before the end of the 150-day period, please specify the date on which it is to expire:
- 7) Date filed with the Index Department:
- 8) A copy of the adopted amendments, including any material, incorporated, is on file and available for public inspection at the Illinois Department of Public Health, 535 W. Jefferson Street, Springfield, Illinois 62761-0001.
- 9) Reason for Emergency:

The amendments to the Child Health Examination Code set forth eye examination requirements for children entering kindergarten or the Illinois school system for the first time. Proposed amendments to the Code will reflect the statutory requirements set forth in P.A. 95-0671, which became law effective January 1, 2008.

Pursuant to the statute, eye examinations are to be included as part of the health examination for school children within one year prior to entering the Illinois public, private or parochial school system for the first time beginning with kindergarten. The Department is required to establish a rule specifying the eye examination and procedures, create a form to document the eye examination, and establish a waiver for children who show an undue burden or a lack of access to a physician licensed to practice medicine in all of its branches who provides eye examinations, or to a licensed optometrist.

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The Department will file the proposed amendments to the Code as emergency amendments. Without the implementation of an emergency rule, the state will not be able to ensure that school children expected to be covered by the new law would receive the necessary eye examination for the upcoming school year. Lack of timely implementation poses a threat to the public safety and welfare. It has been estimated by the American Public Health Association that 10 percent of preschoolers and 25 percent of kids in kindergarten through 6<sup>th</sup> grade have vision deficiencies, some of which could be serious eye conditions or disease. In the absence of a complete eye test, common pediatric vision problems may go undetected and limit a child's ability to learn and succeed, and, in some cases, can be misdiagnosed as a learning disability or behavioral problem. A child who is not seeing well is at educational risk and will potentially cost the state additional special education services and additional burdens for the child's family.

In spring of each year, schools throughout Illinois must provide notice to families regarding the physical examination requirements for the following school year. This year, notice would also need to include the eye exam requirement. Amended rules need to be in place more quickly than the regular rulemaking process would allow to give parents notice of the eye exam requirement.

With the adoption of emergency amendments, families will have sufficient time to ensure that their children receive eye examinations in accordance with the rules before the start of the 2008-2009 school year.

10) A complete Description of the Subjects and Issues Involved:

This rulemaking will implement Public Act 95-0671, 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.

11) Are there any Proposed amendments to this Part pending? Yes

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

12) Statement of Statewide Policy Objectives: This rulemaking will affect local school districts.

13) Information and questions regarding these amendments shall be directed to:

Susan Meister  
Administrative Rules Coordinator  
Illinois Department of Public Health  
535 W. Jefferson St., 5<sup>th</sup> Floor  
Springfield, IL 62761-0001  
217-782-2043  
[DPH.RULES@illinois.gov](mailto:DPH.RULES@illinois.gov)

The full text of the emergency 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 HEALTH

PART 665  
CHILD HEALTH EXAMINATION CODE

SUBPART A: GENERAL PROVISIONS

Section	
665.100	Statutory Authority
665.105	Definitions
665.110	General Considerations
665.115	Referenced Materials

SUBPART B: HEALTH EXAMINATION

Section	
665.120	Health Examination Requirement
665.130	Performance of Health Examination and Verification of Certificate of Child Health Examination
665.140	Timetable for Examinations

EMERGENCY

665.150	Report Forms
665.160	Proof of Examination
665.210	Proof of Immunizations
665.220	Local School Authority
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
- 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: EYE ~~VISION~~ EXAMINATION

Section

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

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 Eye ~~Vision~~ Examination Report  
EMERGENCY
  - 665.APPENDIX B Vaccination Schedule for Haemophilus influenzae type b Conjugate

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Vaccines (Hib)

665.APPENDIX C Eye Examination Waiver Form  
EMERGENCY

**AUTHORITY:** Implementing and authorized by Section 27-8.1 of the School Code [105 ILCS 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; amended by emergency rulemaking at 32 Ill. Reg. 8778, effective May 30, 2008, for a maximum of 150 days; amended by emergency rulemaking at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, 2008, for a maximum of 150 days;

SUBPART F: EYE VISION EXAMINATION

**Section 665.610** Eye ~~Vision~~ Examination Requirement Recommendation  
EMERGENCY

- 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<sup>th</sup> 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.

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- 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 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 (b), 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.

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 by emergency rulemaking at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, for a maximum of 150 days)

**Section 665.620 Vision Examination (Repealed)**  
EMERGENCY

- 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~~

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~~prior to the ages of 5, 10 and 15.~~

(Source: Repealed by emergency rulemaking at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, for a maximum of 150 days)

**Section 665.630 Eye Vision Examination Report**  
**EMERGENCY**

~~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 Report prescribed by the Department for statewide use and presented to the local school authority. (See Section 665. Appendix A Vision Examination Report.)~~

(Source: Amended by emergency rulemaking at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, for a maximum of 150 days)

**Section 665.640 Indigent Students (Repealed)**  
**EMERGENCY**

~~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 by emergency rulemaking at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, for a maximum of 150 days)

**Section 665.650 Waiver of Eye Examination Requirement**  
**EMERGENCY**

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



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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

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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: \_\_\_\_\_  
Optometrist or Physician Who Provides Eye Examinations

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_  
Optometrist or Physician Who Provides Eye Examinations  
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 \_\_\_\_\_

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:

- 4. 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: \_\_\_\_\_

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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

(3) Ocularmotor Assessment: \_\_\_\_\_

(4) Diagnosis: \_\_\_\_\_

(5) Comments: \_\_\_\_\_

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
  - Six months
  - Twelve months
  - Other: \_\_\_\_\_

Please print or stamp

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature

IMPORTANT NOTICE

This state agency is requesting disclosure of information that is 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.

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

IDPH V-4

4-82

(Source: Amended by emergency rulemaking at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, for a maximum of 150 days)

**Section 665. Appendix C Eye Examination Waiver Form**  
**EMERGENCY**

State of Illinois  
Department of Public Health

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**EYE EXAMINATION WAIVER FORM**

**Please print:**

<u>Student's Name:</u> <u>Last</u> <u>First</u> <u>Middle</u>			<u>Birth Date:</u> <small>(Month/Day/Year)</small>
<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"/> Male <input type="checkbox"/> Female
<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 (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 \_\_\_\_\_

Illinois Department of Public Health, Division of Health Assessment & Screening  
217-782-4733 • TTY (hearing impaired use only) 800-547-0466 • [www.idph.state.il.us](http://www.idph.state.il.us)

(Source: Added by emergency rulemaking at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, for a maximum of 150 days)