



Estado de Illinois

Informe del Examen de los Ojos

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 _____
 Optometrist or physician (such as an ophthalmologist)
 who provided the eye examination MD OD DO

License Number _____

Address _____

Phone _____

El consentimiento del Padre o Encargado
 Estoy de acuerdo en liberar la información anterior sobre
 mi hijo o pupilo a la escuela o las autoridades de salud
 apropiado.

 (Firma del Padre o Encargado)

 (Fecha)

Signature _____

Date _____

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