Shelby County Public Health Department

Vision and Hearing Fee Form

1700 W. S. Third Street

Shelbyville, IL 62565

Phone: (217)774-9555

In accordance with the "Child, Vision, and Hearing Test Act" of Illinois, each child in Grades K,1,2,3,5 and 8 are screened for Vision and Hearing. The total fee for both screenings is $8.00. If your child already wears glasses or contacts, they do not need a vision test. All fees are non-refundable. Please complete the form below for each child of yours who is in the mandated grade. (YOU MAY PAY WITH CASH OR CHECK MADE OUT TO THE HEALTH DEPARTMENT.) If you have a Public Aid medical card, please write each child's Medicaid number below.

Child's Name: Last _____ First _____

Grade: ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 5 ☐ 8

Medicaid Number _____

Does child already wear glasses or contacts? ☐ Yes ☐ No

Child's Name: Last _____ First _____

Grade: ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 5 ☐ 8

Medicaid Number _____

Does child already wear glasses or contacts? ☐ Yes ☐ No

Child's Name: Last _____ First _____

Grade: ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 5 ☐ 8

Medicaid Number _____

Does child already wear glasses or contacts? ☐ Yes ☐ No

I hereby give permission for my child(children) to receive a hearing and/or vision screen.

Parent/Legal Guardian Signature: _____

Today's Date _____ Check_____ Cash _____ Total Amt. Pd. _____ / or Medicaid

School District: _____