Shelby County Public Health Department
Vision And Hearing Fee Form
1700 W.S. Third Street
Shelbyville, IL 62565
Phone: (217)774-9555
2019-2020

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 fee for each 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 A 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_____

Circle Grade: K 1 2 3 5 8

Medicaid Number_____

Does child already wear glasses or contacts? Yes_____No_____

Child's Name: Last_____First_____

Circle Grade: K 1 2 3 5 8

Medicaid Number_____

Does child already wear glasses or contacts? Yes_____No_____

Child's Name: Last_____First_____

Circle 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:_____

_____ _____ _____ Total Amt. Pd. _____/or Medicaid #
Today's Date Check Cash Hearing / Vision Screen $8.00 per child

School District:_____