

Opt-Out Form

Vision/Hearing/Scoliosis/BMI Screenings

Comprehensive Student Health Services (CSHS)

School Name	
School Code	
Directions: Pr	rovide the name of students whose parent/guardian declined mandatory

screening for Vision/Hearing/BMI/Scoliosis. When completed, please give this form to the Health Screening Technician the day of the screenings.

NOTE: Health Screening Technicians WILL NOT screen students listed as opt-out.

STUDENTS OPTING OUT OF STATE MANDATED SCREENINGS								
Student Name	Student ID	Grade	Vision	Hearing	Scoliosis	ВМІ		
□ No parent/guardian declined mandatory screening for Vision/ Hearing/ BMI/ Scoliosis.								

Principal/AP/Designee Signature _____ Date_____

Print Name _____

