

**School Board of Polk County
Mandated Health Screening Opt-Out Form**

Dear Parent/Guardian:

This year the school district will perform the following health screenings on students in the following grades:

Vision—PreK, Kindergarten, 1st, 3rd, 6th, and during summer programs

Hearing—PreK, Kindergarten, 1st, 6th

Growth and development/Body Mass Index (BMI)—PreK, 1st, 3rd, 6th

Scoliosis—6th ONLY

Blood pressure—Head Start PreK ONLY

In addition, individual vision and/or hearing screening may be conducted at any grade level to rule out vision and/or hearing difficulties.

If your child is tested and the results are not in the “normal” range for the particular test, you will be notified by letter. If you receive one of those letters, it is recommended that you take your child to a doctor or healthcare provider for an evaluation.

Your child will be screened unless you notify the school, in writing by signing below, that you do not want your child to participate.

If you have any questions, please feel free to call Health Services at 863-291-5355.

ONLY SIGN BELOW AND RETURN IF YOU DO NOT WISH YOUR CHILD TO BE SCREENED.

Student’s Name _____ Date of Birth _____

School _____ Grade _____

I DO NOT WISH TO HAVE MY CHILD PARTICIPATE IN THE FOLLOWING SCREENINGS: (Check the ones that apply)

VISION _____ GROWTH AND DEVELOPMENT/BMI _____

HEARING _____ SCOLIOSIS _____ BLOOD PRESSURE (PreK) _____

Parent/Guardian Signature

Date