

Health Screening Opt-Out Form 2018/2019 (Grades KG, 1st, 3rd and 6th)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

Health Screening Opt-Out Form

According to the guidelines established by the Florida Legislature, at the beginning of each year, parents shall be notified of the screening activities available through the **School Health Services Program**. Florida Statute 381.0056(5)(g), mandates health screening to public school students in Kindergarten (KG), 1st, 3rd and 6th grades and for students new to the county. It should be understood that such screenings do not substitute for a thorough examination by a health care provider.

The screenings include vision, hearing, height and weight, Body Mass Index (BMI) and Scoliosis. They are offered in an effort to decrease health barriers to learning and may be performed individually or in groups. **Parents or guardians have the right to opt their child out of the screenings.**

*Note: If you **DO NOT** want your child to receive one or more of the screenings, please check the appropriate box below, print and sign your name, and return this form to your child's school **WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL** or from the date of enrollment, if a student enrolls after the start of each school year.*

Student Name _____ Gender _____

School _____ Grade _____

DO NOT SCREEN:

- Vision (Grades KG, 1st, 3rd and 6th)
- Hearing (Grades KG, 1st and 6th)
- Height and Weight / BMI (Grades 1st, 3rd and 6th)
- Scoliosis (Grade 6th)

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____