

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

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 Statue 381.0056(5)(g), mandates health screening to public school students in Kindergarten (KG), 1<sup>st</sup>, 3<sup>rd</sup> and 6<sup>th</sup> 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, 1<sup>st</sup>, 3<sup>rd</sup> and 6<sup>th</sup>)
- Hearing (Grades KG, 1<sup>st</sup> and 6<sup>th</sup>)
- Height and Weight / BMI (Grades 1<sup>st</sup>, 3<sup>rd</sup> and 6<sup>th</sup>)
- Scoliosis (Grade 6<sup>th</sup>)

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_