

# CLEVELAND SCHOOL DISTRICT



## 2022-2023 HEALTH SCREENINGS OPT OUT FORM

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Teacher \_\_\_\_\_

Dear Parents and Guardians,

Throughout the school year, hearing and vision screenings will be conducted that are necessary for your student's academic progress.

- The vision screening consists of your child reading a Snellen Chart to assess visual acuity.
- The hearing test consists of your child listening to a series of tones to assess hearing.
- COVID-19 precautions will be taken.
- Parents will be notified of their child's results if a referral is needed.

Further consultation and follow up from your primary care physician, audiologist, or ophthalmologist may be recommended.

**If you desire for your student to OPT OUT of these screenings, please return this form to your school office; otherwise they will be screened.**

**If you DO NOT want your student tested, please return this form to the school office.**

\_\_\_\_ I **DO NOT** give permission for my child's **hearing** to be tested at the school.

\_\_\_\_ I **DO NOT** give permission for my child's **vision** to be tested at the school. Parent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please contact Mandy Wilburn, RN, BSN, NCSN @

[mandy.wilburn@cleveland.k12.ms.us](mailto:mandy.wilburn@cleveland.k12.ms.us).