

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Health Screening Opt-Out Form

The School Health Services Program provides health screening to public school students in Grades k, 1, 3, and 6, as mandated in Florida Statute 381.0056(7) (d). The screenings include Vision, Hearing, Height and Weight (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 these screenings.

If you **DO NOT** want your child to receive one or more of these screenings, please check the appropriate box below and return this form to your **child's school** WITHIN **10 DAYS** FROM THE FIRST DAY OF SCHOOL:

Parent's Name: _____

Student's Name: _____ Gender: _____

School: _____ Grade: _____

DO NOT SCREEN:

Vision (Grades k, 1, 3 and 6)

Hearing (Grades k, 1 and 6)

Height and Weight (BMI) (Grades 1, 3 and 6)

Scoliosis (Grade 6)

Parent's Signature: _____

Date: _____