

**PARENT HEALTH SCREENING OPT-OUT LETTER**

Dear Parent/Guardian,

This year the school district will be performing the following health screenings on students in Broward County Schools:

**Vision** – Kindergarten, first, third and sixth grades

**Hearing** – Kindergarten, first and sixth grades

**BMI** (height and weight) – First, third and sixth grades

**Scoliosis** – Sixth grade

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.

**If you want your child to participate in the screenings for his/her grade, no further action is required.**

If you **DO NOT** want your child to participate in any or all of the screenings, please complete the bottom portion of this letter and return it to your child’s school.

If you have any questions, **please feel free to call Health Education Services at (754) 321-2272**

**IF YOU DO NOT WANT YOUR CHILD TO PARTICIPATE IN HEALTH SCREENINGS PLEASE INDICATE BELOW**

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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: \_\_\_\_\_

BMI: \_\_\_\_\_

HEARING: \_\_\_\_\_

SCOLIOSIS: \_\_\_\_\_

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

\_\_\_\_\_  
Date