



VISION AND DENTAL SCREENING

CERTIFICATION FORM

Student Name: _____ (Please print: Last Name, First Name)

Birth: _____ Grade: _____

Student ID: _____

Oregon Law now requires a child under 7 years of age before entering school for the first time. For information about this law, see Oregon HB 2005 Oregon HB 32972 Section 1 (2)(a) through (2)(c)

For more information about dental and vision screening requirements see Oregon HB 2005 Oregon HB 32972 Section 1

Parents/Guardians please complete and sign both sections.

Dental Screening Certification

VISION SCREENING CERTIFICATION

VISION SCREENING CERTIFICATION

My Child has received a vision screening.

My Child has received a vision screening.

Most recent screening or exam completed on _____

Most recent screening or exam completed on _____

Name of provider: _____

Name of provider: _____

I have previously submitted certification to the school.

I have previously submitted certification to the school.

I am not providing certification of vision screening/exam due to my religious beliefs.

I am not providing certification of vision screening/exam due to my religious beliefs.

Parent/Guardian Signature: _____

Date: _____

DENTAL SCREENING CERTIFICATION

DENTAL SCREENING CERTIFICATION

My Child has received a dental screening within the last 12 months.

My Child has received a dental screening within the last 12 months.

Most recent screening or dental exam date: _____

Most recent screening or dental exam date: _____

Name of provider: _____

Name of provider: _____

I have previously submitted certification to the school.

I have previously submitted certification to the school.

I am not providing certification of dental screening/exam due to my religious beliefs.

I am not providing certification of dental screening/exam due to my religious beliefs.

The dental screening is a burden because:

The dental screening is a burden because:

- (a) The cost of obtaining the dental screening is too high;
- (b) The student does not have access to a dental screening;
- (c) The student was unable to obtain an appointment with a screener.

- (a) The cost of obtaining the dental screening is too high;
- (b) The student does not have access to a dental screening;
- (c) The student was unable to obtain an appointment with a screener.

Parent/Guardian Signature: _____

Date: _____