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Vision and Dental Screening Certification Form

Student Name: _____ Date of Birth: _____ Grade: _____
(Please print: Last Name, First Name)

Student ID: _____

Oregon Law now requires a child from 7 years of age to 18 years of age to have a vision screening (OR 18 226 (e)3 (e))

(2)(a) through (3)(c)

Parents /Guardians please complete and sign both Vision and Dental Screening Certifications.

VISION SCREENING CERTIFICATION (Please check the appropriate box)

My Child has received a vision screening.

Most recent screening or eye exam date: _____ Was follow-up recommended? (circle) Yes or No

Name of provider: _____

I have previously submitted certification to the school office at _____

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

Parent/Guardian Signature

Date

DENTAL SCREENING CERTIFICATION (Please check the appropriate box)

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

Most recent screening or dental exam date: _____ Was follow-up recommended? (circle) Yes or No

Name of provider: _____

I have previously submitted certification to the school office at _____

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

The dental screening is a burden because: