Alachua County Public Schools

**Health Services Program**

# Annual Health Screening Opt-Out Form

School health screenings are non-invasive assessments of students' growth and development in areas that could affect their academic performance. School nurses and staff conduct these screenings in partnership with the Alachua County Health Department, the University of Florida and Santa Fe College. All "screeners" are thoroughly trained in performing each screening and have been background checked.

In accordance with Florida Statute 381.0056, the Alachua County Public Schools' Health Services Department will be conducting mandated health screenings on students in the following grades:

- Vision — Grades K, 1, 3 & 6
- Hearing — Grades K, 1 & 6
- Height and Weight (BMI) — Grades 1, 3 & 6
- Scoliosis — Grade 6
- Dental — Grade 3

Additionally, students entering Florida schools for the first time in grades K-5 will be screened for vision and hearing. Individual students may be referred for screenings as needed, such as a teacher who notes that a student is having difficulty with vision. Screening results will be sent home and may also be provided at parent/guardian request. Parents are encouraged to seek medical evaluation if results are found to be outside of normal limits.

All students in the above grades will be screened unless this Health Screenings Opt-Out Form or any other form of written notification (i.e., email or written letter) is submitted to the school. Opt-out notification will need to be completed annually.

If you DO NOT want your child to participate in the above screenings, please complete the information below, sign and return to your child's school prior to the date of the screening. More information and screening schedules can be viewed at: www.alachuaschools.net/health

Student Name:_____ Grade:_____

School:_____ School Year:_____ Teacher:_____

Parent/Guardian Print Name:_____ Phone:_____

Parent/Guardian Signature:_____ Date:_____

For School Use ONLY

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| Form received from parent | Date:_____ | Initials:_____ |
| Form given to school nurse | Date:_____ | Initials:_____ |
| Form entered into Skyward by Data Base | Date:_____ | Initials:_____ |