



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 who is 7 years of age or younger to have dental and vision screenings before entering school for the first time. For information about vision requirements see [2013 Oregon HB3000 Section 1: \(2\)\(a\) through \(3\)\(b\)](#) For information about dental requirements see [2015 Oregon HB2972 Section 1: \(2\)\(a\) through \(3\)\(c\)](#)

VISION SCREENING CERTIFICATION

**Complete the section below if your student is 7 years of age or younger
OR you would like to opt out of screening at grades K, 1, 2, 3 & 5**

- My Child has received a vision screening.
Most recent screening or eye exam date: _____ Was a 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.
- I am requesting no vision screenings be administered to my child while enrolled in HSD.

Parent/Guardian Signature

Date

DENTAL SCREENING CERTIFICATION

Complete the section below if your student is 7 years of age or younger

- My Child has received a dental screening within the last 12 months.
Most recent screening or dental exam date: _____ Was a 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 dental screening/exam due to my religious beliefs.
- 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 screener or;
 - (C) The student was unable to obtain an appointment with a screener

Parent/Guardian Signature

Date