

VISION SCREENING EXEMPTION FORM

To: District Nurse

Due to a personally held belief, I do not wish for my child to have a vision screening during this school year until further notice. I understand that I may change my mind at any time and will do so in writing.

Student Name: _____

School: _____

Grade: _____

Teacher: _____

Printed Name: _____

Signature: _____

Date: _____

