



# 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 \(3\)\(c\)](#)

**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 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.

\_\_\_\_\_  
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 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.

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