



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 follow-up was 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 was 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