



## Vision and Dental Screening Certification Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Please print: Last Name, First Name)

Student ID: \_\_\_\_\_

Oregon Law (OAR 581-021-0031 and OAR 581-021-0017) requires a child who is 7 years of age or younger and who are beginning school for the first time to have a dental and vision screening. For information about PPS screening services visit the PPS School Health Services website (<https://www.pps.net/Page/1921>).

Parents/Guardians please complete and sign **both** Vision and Dental Screening Certifications.

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**VISION SCREENING CERTIFICATION.** A “vision screening” is an eye screening test to identify potential vision health concerns. (Please check the appropriate box)

☐ My Child has received a vision screening or an eye exam.

Most recent screening or eye exam date: \_\_\_\_\_

Was a follow-up recommended? (circle) Yes or No

Name of clinic or 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

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**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: \_\_\_\_\_

Name of clinic or 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