

4.41-OBJECTION TO PHYSICAL EXAMINATIONS OR SCREENINGS

I, the undersigned, being a parent or guardian of a student, or a student eighteen (18) years of age or older, hereby note my objection to the physical examination or screening of the student named below.

Physical examination or screening being objected to:

_____ Vision test (PreK, K, 1st, 2nd, 4th, 6th, 8th & all transfer students are screened)

_____ Hearing test (PreK, K, 1st, 2nd, 4th, 6th, 8th, & all transfer students are screened)

_____ Scoliosis test (6th grade girls only & both boys and girls in 8th grades are screened)

_____ Height/Weight measurements (BMI) (K, 2nd, 4th, 6th, 8th, & 10th grades are measured)

_____ other, please specify

Comments:

Name of student (Printed)

Signature of parent (or student, if 18 or older)

Date form was filed (To be filled in by office personnel)

Relates to Board Policy 4.41

