



Vision and Dental Screening

Certification Form

Student Name: \_\_\_\_\_ (Please print: Last Name, First Name)

Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Oregon Law now requires a child under 7 years of age to have a vision screening before entering school for the first time. For information about this law, see Oregon HB 2015 Oregon HB 32972 Section 1. Parents/Guardians please complete and sign both sides.

Children who do not have dental and vision screenings are not eligible for school services. For information about dental and vision requirements see Oregon HB 2015 Oregon HB 32972 Section 1.

VISION SCREENING CERTIFICATION

Dental Screening Certification

My child has received a vision screening. The most recent screening or exam was on \_\_\_\_\_ at \_\_\_\_\_.

(Please check the appropriate box)

I have previously submitted certification to the school of \_\_\_\_\_.

Follow-up was recommended? (circle) Yes or No

I am not providing certification of vision screening/exam because of 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 \_\_\_\_\_ months. The most recent screening or dental exam was on \_\_\_\_\_ at \_\_\_\_\_.

Follow-up was recommended? (circle) Yes or No

I have previously submitted certification to the school of \_\_\_\_\_.

I am not providing certification of dental screening/exam because of my religious beliefs.

The dental screening is a burden because:

(circle) Yes or No

- (a) The cost of obtaining the dental screening is too high;
(b) The student does not have access to a dentist;
(c) The student is unable to obtain a dental appointment with a screening dentist.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_