

Dear Parents/Guardian:

Coordinated School Health and Knox County Schools Vision and Hearing will be conducting schoolwide screenings to include height, weight, blood pressure (HWBP), vision and hearing. HWBP screenings will be completed in grades K, 2nd, 4th, 6th and 9th. Hearing and Vision screenings will be completed in grades Preschool, K, 2nd and 4th.

Hearing and Vision screening results will be sent home with your child. All screenings and results are confidential. If you have questions, you can call the Coordinated School Health office at (865)594-1883. Thank you for your cooperation.

If you **AGREE** to these screenings, **DO NOT** return this form.

If you **DO NOT AGREE** to these screenings:

- 1) Check the screening(s) that you **DO NOT** want your child to have *and*
- 2) Complete and sign the form and return to your child's classroom teacher

I **DO NOT** want my child to participate in:

☐ HWBP Screening

☐ Hearing Screening

☐ Vision Screening

IF NO BOXES ARE CHECKED YOUR CHILD WILL BE SCREENED.

SCREENING REFUSAL FORM

School: _____ Grade: _____

Student Name: _____ Teacher: _____
(Please Print) (Please Print)

Parent/Guardian Signature: _____ Date: _____

Due Date: August 17, 2026