



School Vision and Hearing Screening Waiver

Armleder ___ EBL ___ Founders ___ MSL ___

Vision Waiver ___ Hearing Waiver ___ Vision/Hearing Waiver ___

I _____, the parent/legal guardian
of _____, grade _____,

request that he/she be exempt from the state mandated annual school vision and/or hearing screening program for the current school year. I understand that this waiver to exclude my child needs to be renewed each school year or my child's vision/hearing may be screened as mandated by the Ohio Department of Health guidelines for school screenings.

Signature of Parent/Legal Guardian: _____

Date: _____

Revised 10/21/2021

For office use only:

Received by: _____ Date: _____