

**ADVANCED MATH AND SCIENCE ACADEMY CHARTER SCHOOL
OFFICE OF THE SCHOOL NURSE**

PARENT SCHOOL SCREENING OPT OUT FORM 2024-25

Students Name _____ Grade: 06, 07, 08, 09, 10

In accordance with MA State mandates for health screenings, (Massachusetts General Law 105 CMR 200.400, 200.500, and 200.600) I choose to exercise my right to opt my child out from the following mandatory screenings:

Please check screening(s) you choose to opt your child out of:

- BMI Screening (height and weight)
- Hearing Screening
- Vision Screening
- Postural Screening
- All Screenings (BMI, Hearing, Vision and Postural Screening,

Parent Signature: _____ Date: _____