Pennsylvania Mandated School Health Services Pennsylvania Department of Health Division of School Health Harrisburg, Pennsylvania

| Service | K/1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|------------------------|-----|---|---|---|---|---|---|---|---|----|----|----|
| Medical Examination | X | | | | | X | | | | | X | |
| Dental Examination | X | | X | | | | X | | | | | |
| Vision screening | X | X | X | X | X | X | X | X | X | X | X | X |
| Hearing screening | X | X | X | | | | X | | | | X | |
| Growth screening | X | X | X | X | X | X | X | X | X | X | X | X |
| Scoliosis screening | | | | | | X | X | | | | | |

Every child of school age attending a public or non-public school within the Commonwealth must be provided the above services from the local public school district.

Religious Exemption

(Includes a strong moral or ethical conviction similar to a religious belief.)

| I, | , hereby request an exemption from the |
|---|--|
| above mandated school health services for | my child |
| Signature of Parent/Guardian | |