

Student Info: Medical – Health Screenings

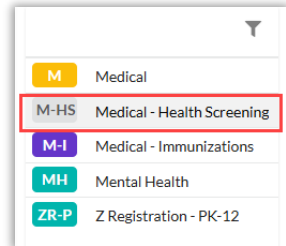
This submenu is used to record Health Screening (vision, hearing, dental) information.

There are *separate date fields* for the **screening** and the actual **examination**. Screening results are entered by the Health Department.

Accessing Health Screening Information

From the student **Demographics** page:

1. Access the sub-menu section on the left side of the screen.
2. Select **Medical – Health Screening** to view screening information, including vision, hearing, scoliosis, and other health screening results.



Screening - Vision	Y - Yes	Screening - Hearing	
Screening - Height and ...		Screening - Scoliosis	
Screening - Dental			

If a student passes the screening, no other information is required. If the student fails, additional information is entered into the Screening Comments field.

Hearing Screening						
School Year	Screening Date	Outcome	Record Created by	Date 2nd Confirmation Screening (For Failed Screenings only)	2nd Confirmation Result	2nd Confirmation -
2021-2...	10/08/2021	Pass 0515				

Vision Screening								
Screening Date	Screening Results	Screener	Record Created by	Exam Date	Examination Results	Medical Examiner	Follow Up Notes	Examination Record cre
10/08/2021	Pass w/glasses	FLDOH					View	

Students who fail vision screenings are referred for a follow-up vision examination. The No-Cost Vision Examination section of the Emergency Information Form must be completed and signed for the student to participate in the no-cost vision examination.

No Cost Vision Examination ☐ Yes ☐ No

- If vision screening shows a need for a follow up vision examination, and if my child is eligible, or otherwise financially qualified, by signing below, I authorize University of Miami Bascom Palmer Eye Institute or Heiken to provide a no-cost comprehensive vision examination by a licensed optometrist which may include dilation, refraction, glasses if prescribed, and any follow up care if services or glasses are provided.
- A 10 minute Follow Up Visit confirms visual acuity and any necessary updates to prescription.
- Upon consent to authorize such examination, I further consent to the mutual exchange of vision screening and vision examination information between designated CCPS employees, Health Care Network, DOH-Collier, University of Miami Bascom Palmer Eye Institute, Heiken, Lions Club Vision Program, and Golisano Children's Hospital.
- The partners are required by law to maintain the privacy of your child's protected health information.
- I also authorize University of Miami Bascom Palmer Eye Institute or Heiken to bill Medicaid for these vision services if my child is covered by a Medicaid plan, and I understand there will be no co-pay or deductible due.

Student Info: Medical – Health Screenings

Opting Out of Health Screenings

All students receive health screenings unless a parent submits a written request to decline specific screening services.

1. The parent must complete and submit an opt-out form before the scheduled screening date(s). The form is available on the district Health Services webpage.
<https://www.collierschools.com/students-families/health-services>
2. Returned opt-out forms are given to the School Nurse.
3. The School Nurse records the opt-out request in FOCUS.
4. The School Nurse then provides the form to the Health Screening Coordinator for onsite retention through the end of the school year.
5. At the end of the school year, all opt-out forms are sent to the Imaging Department to be uploaded into DocVault (Category B).



PARENT OPT-OUT FORM SY 2021-2022
SCHOOL HEALTH SCREENING PROGRAM

Collier County Public Schools, in partnership with the Florida Department of Health, Collier County (DOH- Collier), Bascom Palmer, University of Miami (BP-UM), NCH School Health Program (NCH), and the University of Florida, College of Dentistry (UF), will provide the following health screenings:

Vision (DOH- Collier)
Vision (BP-UM)*
Hearing (FDOH)

Grades K, 1, 3, & 6
Grades K, 1, 2, 3, 4, 5, 6, 7, 8,10**
Grades K, 1, & 6

05) PARENTAL NOTIFICATIONS

Parental Responsibilities and Authorizations: In case of an emergency, I give permission for my child to be evaluated and/or transported to a hospital by Emergency Medical Services (EMS) and I assume responsibility for any and all related charges. I accept responsibility to notify the school of any changes of home address, phone numbers, or health status of my child. If my child has a health condition that may require management while he/she is in school, I will inform the school principal and/or school nurse of the health condition(s) and discuss a plan of care.

Health Services to be Provided: The District School Board of Collier County (CCPS) provides routine and emergency health services to students in partnership with Florida Department of Health, Collier County (DOH-Collier), NCH Healthcare System, Inc. (NCH), the Ronald McDonald Care Mobile, University of Miami/Bascom Palmer Eye Institute (UM/BPEI), University of Florida College of Dentistry (UF), and Florida Heiken Children's Vision Program (Heiken). Health screenings will be provided as listed at <http://www.collierschools.com/HealthScreening>. Students new to the state and students referred by teachers will also receive vision and/or hearing screening by DOH-Collier, UM/BPEI or the NCH school nurse. Parents will be informed of all screening results.

I understand that if I do not want my child to receive these screenings, I must notify the school in writing of the specific services that are being declined prior to the screening date(s) at my child's school. The opt-out form is available at: www.collierschools.com/HealthScreening

Please Note: If notification is not received, the District and its partners will presume the health screening of your child will proceed.

Parental Certification: I confirm that the emergency contact and health information provided is true and accurate to the best of my knowledge. I understand and agree that information contained on this form, and other health information collected from health services provided at school including my contact information may be shared with appropriate school staff, District partners, District after school programs, and health care professionals according to the Health Insurance Portability and Accountability Act (HIPAA), the provisions of the federal Family Educational Rights and Privacy Act (FERPA) and related state law. In providing my consent, I recognize that I am waiving certain rights to privacy and confidentiality under HIPAA in the best health interest of my child. (See Policies 8330, 8350)

Opt-Out information will appear in the Screening Outcome column.

Hearing Screening							
3 Records		Export	Filter: OFF	Page Size: 20			
	School Year	Screening Date	Screening Outcome	Record Created by	2nd Screening Date	2nd Screening Result	
		06/09/2026					
	2023-2024	09/28/2023	FLD... Opt out 0615	Lisa Adamczyk			
	2019-2020	11/02/2018	Pass 0515				

Health Screening Events

Data Entry staff should run the **Opt-Out report** and provide it to the Health Screening Coordinator (Elementary – AP, Secondary – Counselor) prior to each screening event.