Mass Screening Parent Opt-Out Form

Student Name: _____
DOB: _____
School: _____

School-based health screenings are recommended for students in South Carolina. By completing this form, you are declining participation in the applicable school-based screenings.

Vision Screening

- Early Childhood/Head Start within 2 months of enrollment.
- Grades K, 1, 2, 3, 5, 7, and at least once in grades 9–12.
- New students without vision screening in past year.

Hearing Screening

- Early Childhood/Head Start within 2 months of enrollment.
- Grades K, 1, 2, 3, 5, 7, and at least once in grades 9–12.
- New students without hearing screening in past year.

Dental Screening

- Early Childhood/Head Start within 2 months of enrollment.
- Grades K, 3, 7, and at least once in grades 9–12.
- All new students regardless of grade.

Blood Pressure

- At least once in grades 9–12.

Body Mass Index (BMI)

- Grades 5, 8, and at least once in grades 9–12.
- PE teachers report BMI/fitness; nurses do not duplicate screenings.

Parent/Guardian Opt-Out

I have read the information above and request that my child NOT participate in school-based mass health screenings.

Parent/Guardian Name: _____

Signature: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO YOUR SCHOOL NURSE