

2026 Vision and Hearing Screening
Opt Out

The Health Department will be on campus to provide vision and hearing screenings for Black River students and parents have the opportunity to opt out of this testing. **If you would like your student to not be screened please return this form to the main office by Monday, October 5th.**

Student Name: _____

Student Teacher: _____

Student Date of Birth: ____/____/____

Service opting out of (Please Circle One):

Kindergarten Hearing

1st Grade Vision

2nd Grade Hearing

3rd Grade Vision

4th Grade Hearing

5th Grade Vision

7th Grade Vision

9th Grade Vision

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____



Ottawa County Department of Public Health

Hearing Screening Program

Notice Regarding Children with Digitally Programmable Shunts & other Implanted Medical Devices that may be Affected by Magnets

All local county health departments throughout the state of Michigan provide hearing screening services under Act No. 368, Public Acts of 1978, Part 93, Hearing and Vision.

Michigan schools work collaboratively with the Michigan Department of Health and Human Services (MDHHS) and the Local Health Departments (LHD) to allow Hearing Screening Program technicians to perform screenings in all public, private, and charter schools as well as formal preschool programs.

Screenings are performed with portable audiometers and the audiometer headphones have magnets with large field gradients. The headphones have been tested in a professional medical laboratory by Codman, a Johnson and Johnson Company. The results of the tests indicate that children with digitally programmable shunts or other implanted medical devices (pacemakers, Vagus Nerve Stimulators for preventing seizures, Baclofen Pumps for spinal cord injuries, etc.) may be at risk for unintended changes in the device settings because of the magnetic strength.

In order to best protect children, it is imperative that the technicians are informed which children have digitally programmable shunts or implanted medical devices so that hearing screening services are not provided. Parents of children with implanted medical devices who are interested in hearing screening should contact their physician for a referral to an audiologist.

Ottawa County Department of Public Health
Hearing Screening Program
12251 James St. ste 400 Holland, MI 49424
P: 616-393-5266
F: 616-494-5546

Ottawa County Department of Public Health

Hearing Screening Program Notice Regarding Children with Insulin Pumps and/or Continuous Glucose Monitors Consent for Hearing Screening

All local county health departments throughout the state of Michigan provide hearing screening services under Act No. 368, Public Acts of 1978, Part 93, Hearing and Vision.

Michigan schools work collaboratively with the Michigan Department of Health and Human Services (MDHHS) and the Local Health Departments (LHD) to allow Hearing Screening Program technicians to perform screenings in all public, private, and charter schools as well as formal preschool programs and large childcare centers.

Screenings are performed with portable audiometers and the audiometer headphones have magnets with large field gradients. The headphones have been tested in a professional medical laboratory by Codman, a Johnson and Johnson Company. The results of the tests indicate that the magnets have the potential to affect certain medical devices. Although the risk is low in this situation, the user guide for insulin pumps includes precautions about 'Exposure to magnetic fields and radiation'.

To best serve and protect children who utilize insulin pumps and/or continuous glucose monitors, a consent to provide a hearing screen is being requested. If parents are uncomfortable with their child being screened with the audiometer, they may inquire with the local health department in their area about the possibility of an Otoacoustic Emission (OAE) hearing screening being performed. This equipment does not contain magnets and does not pose a risk. Not all local health departments have this equipment but may be able to provide guidance to local organizations who have OAEs.

If you would like your child screened by the local health department, please sign below.

I give the (local health department Hearing Screening Program) permission to screen my child utilizing an audiometer.

Child's Name-printed

Parent/Guardian's Name-Printed

Parent/Guardian's Signature

Date

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