



VISION SCREENING EXCLUSION FORM PLEASE DO NOT SCREEN MY CHILD

Dear Parent/Guardian

(If you DO NOT want your child screened, please return this form to school by _____.

It is required that the parent or guardian of each student enrolled in kindergarten, at a public school in this state, shall provide certification to school personnel that the student passed a vision screening within the previous twelve (12) months or during the school year. Students enrolled in first or third grade at a public school, in this state, shall provide, within thirty (30) days of the beginning of the school year, certification to school personnel that the student passed a vision screening within the previous twelve (12) months.

Prevent Blindness Oklahoma will provide a vision screening on (date) _____ at _____

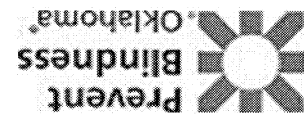
(school) that will satisfy this requirement.

Please exclude my child from the upcoming vision screening.

Child's Name _____
Teacher _____

(Parent/Guardian Signature)

Date



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