



MASS SCREENING PARENT OPT-OUT FORM

Student Name _____ DOB _____ School _____

School-based mass screenings are recommended for schools in South Carolina. Screenings are done at specific grade levels:

Vision: K, 1, 2, 3, 5, 7, and at least once in grades 9-12.

Hearing: K, 1, 2, 3, 5, 7, and at least once in grades 9-12.

Dental: All students in grades K, 3, 7, and at least once in grades 9-12.

*Grades listed correspond with SC Code of Laws Section 44-8-10 through 44-8-60.

Blood Pressure: At least once in grades 9-12.

Body Mass Index: All students in grades 5, 8, and at least once in grades 9-12.

*Grades listed correspond with SC Code of Laws Section 59-10-10.

Parents may opt their child out of these screenings by providing **written documentation** to the school nurse by signing and returning this form.

Parent Statement

By signing this form, you are indicating that you choose to opt your student out of the state recommended mass screenings.

Parent Signature

Date

PLEASE RETURN COMPLETED FORM TO YOUR SCHOOL NURSE.