



## 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 and Hearing**

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

### **Dental**

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

No other grades are screened unless a child is symptomatic or has a history of a disorder.

### **Body Mass Index**

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.

**If you have already checked that you would like to opt-out of screenings during the online registration process for your child, you do not have to complete an additional 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's Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN FORM TO YOUR SCHOOL NURSE.**