

VISION & DENTAL SCREENING CERTIFICATION

Note: This form applies to all students 7 years of age or younger and who are beginning an educational program with the educational provider for the first time.

Student's Name: _____ Grade: _____

School: _____ Date of Birth: ____/____/____

VISION SCREENING

See 2013 Oregon HB3000 Section 1: (2)(a) through (3)(b)

Did your student receive a vision screening or eye exam by a provider other than at school? ☐ YES ☐ NO
Vision screening or eye exam date: _____

-OR-

- ☐ I am not providing certification of vision screening/exam due to:
- ☐ Submitted to Prior School/Educational Provider ☐ Religious Beliefs ☐ Financial Burden
 - ☐ Do Not Have Access to Provider ☐ Unable to Schedule Appointment with Provider

DENTAL SCREENING

See 2015 Oregon HB2972 Section 1: (2)(a) through (3)(c)

Did your student receive a dental screening or exam by a provider other than at school? ☐ YES ☐ NO
Dental screening or exam date: _____

- OR -

- ☐ I am not providing certification of dental screening/exam due to:
- ☐ Submitted to Prior School/Educational Provider ☐ Religious Beliefs ☐ Financial Burden
 - ☐ Do Not Have Access to Provider ☐ Unable to Schedule Appointment with Provider

Parent/Guardian Signature

Date