



IRON COUNTY SCHOOLS

CREATING A BETTER TOMORROW FOR ALL

2077 W. Royal Hunte Dr. | Cedar City, Utah 84720 | (435) 586-2804 | Fax (435) 586-2815

HEALTH SCREENING(S) EXEMPTION FORM

Due to a personally held belief, I do not wish for my child to have the following health screening(s) until further notice. I understand that I may change my mind at any time and will do so in writing.

My child's name

is: _____

School: _____ Grade: _____ Teacher: _____

Signature:

_____ Date _____

Printed name:

I am the child's _____ parent _____ guardian

Please indicate which Health Screening(s) you wish to claim an exemption for you child:

_____ Vision Screening (Pre-K, K-8th grades, all IEP students)

_____ Hearing Screening (Pre-K, K-3rd, 6th grades, all IEP students)

_____ Scoliosis Screening (6th-8th grade girls, 7th-8th grade boys)

_____ Oral Health Screening (Elementary Schools)