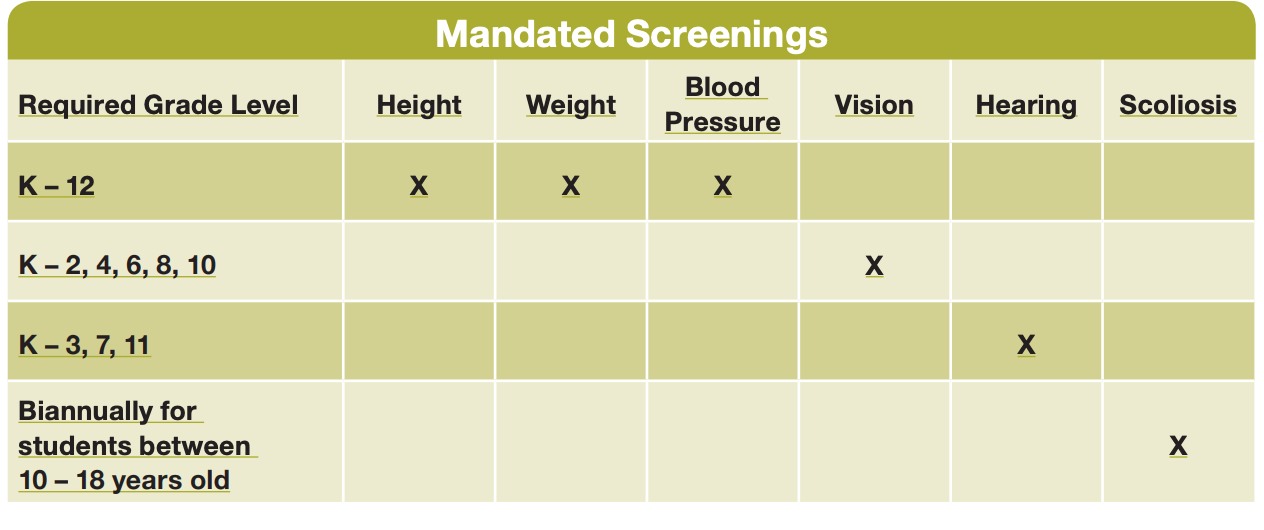
**DENVILLE SCHOOLS MANDATORY HEALTH SCREENINGS OPT OUT FORM**

**SCHOOL YEAR: 2020-2021**

Dear Parent/Guardian,

Throughout a typical school year, multiple health screenings required by the state of New Jersey are conducted. As per, N.J.A.C. 6A:16-2.2(g)3 and N.J.A.C. 6A:16-2.3(b)3ii mandated health screenings include height, weight, blood pressure, hearing, vision, and scoliosis.

The grades in which these screening must be carried out are as follows:



Please note that many of these screenings are typically a part of the physical for sports, entry to school or annual well visits. **Health screening information provided on these documents that were submitted this year will satisfy the mandatory requirements and you do not need to reply if you have already submitted a physical.** Some school-based screenings may have already been completed, however you may opt-out of remaining required screenings by indicating this and signing below.

You may submit a physical performed by your child’s doctor using the attached Universal Health Form in lieu of a school based screening. Please note, school nurse screenings are not physicals.

This form should be completed and **returned to your school nurse by Friday May 21, 2021**. **A failure to complete and return this form by this date will be considered an OPT OUT OPTION.**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(check one)

\_\_\_ I choose to opt my child out of health screenings for the 2020-2021 school year.

\_\_\_ I choose to have my child’s physician perform a physical exam instead of the school screening.

\_\_\_ I choose to have my student screened as mandated for the 2020-2021 school year by the school nurse..(If your student is virtual, contact the nurse to schedule an appointment)

**\*If your student is a remote learner and you chose not to opt out of the mandatory screenings, please contact your school nurse to make an appointment for the screenings to be conducted.**

School Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**