



**STUDENT SUPPORT SERVICES**  
**1130 Fifth Avenue, Chula Vista, CA 91911**  
**619.691-5564 OFFICE/619.407-4982 FAX**

**SCHOOL HEALTH SCREENING PROGRAM 2014-2015**  
**PARENT OPT-OUT FORM**

Dear Parent/Guardian:

The Sweetwater Union High School District will provide the health screening below as required by California law:

**Vision Screening**  
**Hearing Screening**

**Grade 7**  
**Grades 8 & 10**

If you do NOT wish for your child to participate in these screening activities, check the appropriate box(es) and sign below:

<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Scoliosis
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Student's Name: _____	Student ID: _____
Current School: _____ Grade: ____ Teacher: _____	

Parent/Guardian's Name: _____ (Please Print)	Cell Phone: _____
Address: _____ Home Phone: _____	
Parent/Guardian's Signature: _____	Date: _____

**Note: Please return this form to the nurse's office of your child's school.**