

Vision/Hearing Exclusion Form

In late fall of every school year Oconomowoc Area School District performs Vision and Hearing Screenings on the following grades:

- Children in Early Childhood, 4K, 5K grade will **automatically** be screened for **hearing and vision** unless a parent fills out an exclusion form.
- Children in 5th and 8th grade will **automatically** be screened for **vision** unless a parent fills out an exclusion form. Hearing is by parent/teacher request only for 5th and 8th graders.

You may request to have your child excluded from either screening if they are currently under the care of a physician or had recent testing.

If you choose to EXCLUDE your child, please complete and return this form to the school office prior to the screening date.

I DO NOT want my child's vision/hearing screened

- Exclude Vision Screening
- Exclude Hearing Screening
- Exclude Both Vision and Hearing

Reason for exclusion _____

Child's Name: _____ Teacher: _____

School Attends _____ Grade: _____

Parents Name: (print) _____

Parent Signature: _____ Date: _____