City of Cincinnati

Board of Health

Department of Health
School Health Program
3101 Burnet Avenue
Cincinnati, OH 45229

PH: (513) 357-2808
FAX: (513) 357-2811

Grant Mussman, MD, MHSA
Health Commissioner

Denise Saker, MD, MPH, FAAP
Interim Medical Director,
School Health and
School-Based Health Centers
Cincinnati Health Department

Please add your student's name, grade, sign, and return ONLY if you do NOT want your student to be screened for Vision, Hearing, Height/Weight, and/or dental

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The School Health Program offers a comprehensive health program for students in Cincinnati Public Schools. The health services include grade-level screenings for vision and hearing, which are mandated by the Ohio Department of Health; and screenings for dental problems and Body Mass Index (BMI) [measures height and weight] which are optional screenings in selected grades. The screenings are conducted under the direction of the Cincinnati Health Department Public Health Nurses.

Waiver of Participation in School Health Program Screenings
As per the Ohio Revised Code, Section 3313.69, exceptions to the screening requirements may be made for students who present a written statement of parental objection. Signing of this waiver by a parent/guardian is required if a student will not be participating in the required school screenings. By signing this waiver, the Parent/Guardian assumes full responsibility for obtaining the child's health screenings.

Parental/Guardian signature required
I understand by choosing to exempt my child from the district vision and hearing screenings, I cannot hold the district liable in any way for any undetected changes in vision/vision health or hearing/ hearing health for any related services/accommodations that he/she may not receive due to any unidentified changes in vision/vision or hearing/ hearing health. I further understand that should I wish to revoke this waiver during the present school year, it is my responsibility to provide a written and signed note to the school nurse at least two weeks prior to the school's scheduled vision screening/monitoring.

I do not want my child _____ **to participate in the following school screenings:**
student's name **grade**

Vision (mandatory) □ **Hearing** (mandatory) □ **BMI** (optional) □ **Dental** (optional) □

***Parent/Guardian (signature required) _____ Date_____