



Health Services

Request for Exemption from Screening

Name: _____ DOB: _____ Student ID#: _____
Campus: _____ Grade: _____

Type of Screening: Hearing Vision Scoliosis Other:

I hereby apply for exemption from screening for my child, named above, under Subsection (c) (1) (B) of the Texas Education Code §2.09.

Parent/Guardian Signature

Date

THE STATE OF TEXAS - COUNTY OF TARRANT - NOTARY

Subscribed and sworn to before me this _____ day of _____.

Date Commission Expires

Notary Public in for the State of Texas

SEAL