



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

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**THE STATE OF TEXAS - COUNTY OF TARRANT - NOTARY**

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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Date Commission Expires

\_\_\_\_\_  
Notary Public in for the State of Texas

**SEAL**