

**MANDATORY HEALTH SCREENINGS OPT OUT FORM**

**SCHOOL YEAR: 2020-2021**

Dear Parent/Guardian,

Throughout a typical school year, multiple health screenings required by the state of New Jersey are conducted. As per, N.J.A.C. 6A:16-2.2(g)3 and N.J.A.C. 6A:16-2.3(b)3ii mandated health screenings include height, weight, blood pressure, hearing, vision, and scoliosis.

The grades in which these screening must be carried out are as follows:

Mandated Screenings						
Required Grade Level	Height	Weight	Blood Pressure	Vision	Hearing	Scoliosis
K - 12	X	X	X			
K - 2, 4, 6, 8, 10				X		
K - 3, 7, 11					X	
Biannually for students between 10 - 18 years old						X

Please note that many of these screenings are typically a part of the physical for sports, entry to school or annual well visits. Health screening information provided on these documents that were submitted this year will satisfy the mandatory requirements. Some school-based screenings may have already been completed, however you may opt-out of remaining required screenings by indicating this and signing below.

The form should be completed and returned to your school nurse by **May 27, 2021**. **A failure to complete and return this form by this date will be considered an OPT OUT OPTION.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_ Teacher: \_\_\_\_\_

(check one)

I chose to opt my child out of health screenings for the 2020-2021 school year.

I chose to have my student screened as mandated for the 2020-2021 school year.

**\*If your student is a remote learner and you chose not to opt out of the mandatory screenings, please contact your school nurse to make an appointment for the screenings to be conducted.**

School Nurse: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_