



Vision and Dental Screening Certification Form

Student Name: _____ Date of Birth: _____

Oregon Law now requires a child who is 7 years of age or younger to have dental and vision screenings before entering school for the first time. For information about vision requirements, see 2013 Oregon HB3000 Section 1: (2)(a) through (3)(b). For information about dental requirements, see 2015 Oregon HB2972 Section 1: (2)(a) through (3)(c).

Parents/Guardians: Please complete and sign BOTH Vision and Dental Screening Certifications.

VISION SCREENING CERTIFICATION (Please check the appropriate box)

☐ My child has received a vision screening.

Most recent screening or eye exam date: _____ Was a follow-up recommended? (circle) Yes / No

Name of provider: _____

☐ I have previously submitted certification to the following school: _____

☐ I am not providing certification of vision screening/exam due to my religious beliefs.

Parent/Guardian Signature

Date

DENTAL SCREENING CERTIFICATION (Please check the appropriate box)

☐ My child has received a dental screening within the last 12 months.

Most recent screening or dental exam date: _____ Was a follow-up recommended? (circle) Yes / No

Name of provider: _____

☐ I have previously submitted certification to the following school: _____

☐ I am not providing certification of dental screening/exam due to my religious beliefs.

☐ The dental screening is a burden because: (circle one)

(A) The cost of obtaining the dental screening is too high;

(B) The student does not have access to a screener or;

(C) The student was unable to obtain an appointment with a screener.

Parent/Guardian Signature

Date