

Father John V. Doyle School  
343 South Main Street  
Coventry, RI 02816

**\*\*PLEASE RETURN THIS FORM FOR EXCLUSIONS ONLY\*\***

Dear Parent/Guardian:

The General Laws of the State of Rhode Island 23-1-18 (4) section R 16-21 SCHO, Rules and Regulations for School Health Programs; require the following mandatory health screening during the school year.

- Vision Screening – Grades K-5, 7<sup>th</sup>
- Hearing Screening – Grades K-3<sup>rd</sup>
- Dental Screening – Grades K-5 and at least 1 time in grades 6-8<sup>th</sup>.
- Scoliosis Screening –Grades 6, 7<sup>th</sup> and 8<sup>th</sup>

As the parent/guardian, you have the right to exclude your child from any or all of the above health screenings.

**IF YOU CHOOSE TO DO SO, IT IS YOUR RESPONSIBILITY TO PROVIDE THE SCHOOL WITH SATISFACTORY EVIDENCE THAT THE SCREENINGS HAVE BEEN COMPLETED WITHIN THE PRECEEDING SIX MONTHS. If documentation has not been received by screening date a noninvasive screening will be completed to fulfill requirement.**

**Please check the appropriate box besides each screening. If you are requesting exclusion, return the bottom portion of this form to the School Nurse before September 29, 2017**

If you have any questions, please contact the School Nurse at 821-3756 or via email.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
(Please Print)

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

- VISION SCREENING  NO, I do not want my child screened
- HEARING SCREENING  NO, I do not want my child screened
- DENTAL SCREENING  NO, I do not want my child screened
- SCOLIOSIS SCREENING  NO, I do not want my child screened

**\*\*\*FOR EXCLUSIONS ONLY - PLEASE RETURN BEFORE September 29, 2017.\*\*\***