## Vision and Dental Screening Certification Form

Student Name:

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ (Please print: Last Name, First Name)

Student ID: \_\_\_\_\_

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 or No

Name of provider: