

AFFIDAVIT OF EXEMPTION FROM SCHOOL SCREENING
(Valid only in the school year in which it is completed)

A student is exempt from screening if an affidavit is executed by the parent/guardian stating that a person, other than the screener used by the district, shall conduct the screening (or that a licensed professional shall conduct an examination). To qualify for the exemption, the affidavit must be submitted on or before the day of the screening. The student will be enrolled on a provisional basis for up to 60 days from the school's screening date until the results of the screening or the results of the professional examination are provided to the school nurse. Please complete and sign below.

Student's Full Name_____
Date of Birth

I **do not** want my child to receive the following screening(s) at school and will provide results of a screening or professional examination by a licensed professional to the school within 60 days. Please check **ONLY** the screenings you **do NOT** want your child to receive at school.

☐ **Spinal screening:** I wish to have my child's spinal screening performed by _____ (licensed professional or certified spinal screener). I understand that Texas law requires all public schools to screen females in grades 5 & 7 and males in grade 8, for abnormal spinal curvature as specified by the Texas Department of State Health Services (TDSHS).

☐ **Hearing screening:** I wish to have my child's hearing screening performed by _____ (licensed professional or certified hearing screener). I understand that Texas law requires all public schools to screen students for hearing disorders or any other special senses and communication disorders as specified by TDSHS.

☐ **Vision screening:** I wish to have my child's vision screening performed by _____ (licensed professional or certified vision screener). I understand that Texas law requires all public schools to screen students for vision disorders as specified by TDSHS.

☐ **Texas Risk Assessment for Type 2 Diabetes** I wish to have my child's risk assessment performed by _____ (licensed professional or certified screener). I understand that Texas law requires all public schools to screen new students and students in grades 1, 3, 5 and 7 for the acanthosis nigricans marker and to further assess students positively identified with the marker for body mass index and blood pressure as specified by The University of Texas-Pan American Border Health Office and the Program Advisory Committee.

I certify that I am the parent or legal guardian of the above-named child. I understand it is my responsibility to provide the results of the above selected screenings to the school within 60 days of the school's screening date, and that my child is provisionally enrolled and may be excluded from school after 60 days until screening or professional examination results are provided. This affidavit is valid only in the school year in which it is completed.

Signature of Affiant (Parent/Guardian)_____
Printed Name of Affiant_____
DateSTATE OF TEXAS
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME on this the _____ day of _____, _____

Notary Public, State of Texas