

**4.41-OBJECTION TO PHYSICAL EXAMINATIONS OR SCREENINGS**

I, the undersigned, being a parent or guardian of a student, or a student eighteen (18) years of age or older, hereby note my objection to the physical examination or screening of the student named below.

Physical examination or screening being objected to:

\_\_\_\_\_ Vision test (Pre-K, K, 1<sup>st</sup>, 2<sup>nd</sup>, 4<sup>th</sup>, 6<sup>th</sup>, 8<sup>th</sup> & all transfer students are screened)

\_\_\_\_\_ Hearing test (Pre-K, K, 1<sup>st</sup>, 2<sup>nd</sup>, 4<sup>th</sup>, 6<sup>th</sup>, 8<sup>th</sup>, & all transfer students are screened)

\_\_\_\_\_ Scoliosis test (6<sup>th</sup> grade girls only & both boys and girls in 8<sup>th</sup> grades are screened)

\_\_\_\_\_ Height/Weight measurements (BMI) (K, 2<sup>nd</sup>, 4<sup>th</sup>, 6<sup>th</sup>, 8<sup>th</sup>, & 10<sup>th</sup> grades are measured)

\_\_\_\_\_ other, please specify

Comments:

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\_\_\_\_\_  
Name of student (Printed)

\_\_\_\_\_  
Signature of parent (or student, if 18 or older)

\_\_\_\_\_  
Date form was filed (To be filled in by office personnel)

*Relates to Board Policy 4.41 Handbook page 124*