



PARENT OPT-OUT FORM SY 2019-20 SCHOOL HEALTH SCREENING PROGRAM

Collier County Public Schools, in partnership with the Florida Department of Health, Collier County (DOH- Collier), Florida’s Vision Quest (FVQ), NCH School Health Program (NCH), and the University of Florida, College of Dentistry (UF), will provide the following health screenings:

Vision (DOH- Collier)	Grades K, 1, 3, & 6
Vision (FVQ)*	Grades K,1, 2, 3, 4, 5, 6, 7, 8
Hearing (FDOH)	Grades K, 1, & 6
Growth and Development (height and weight) (FDOH)	Grades 1, 3, & 6
Scoliosis (curvature of the spine) (FDOH)	Grade 6
Dental (UF)	Grade 3

If you **DO NOT** want your child to participate in one or more of these screening activities, complete the information below, sign, and return to your child’s school prior to the date of the screening. The health screening schedule can be viewed at: www.collierschools.com/Page/3065

Student’s Name: _____	Student ID: _____
School: _____	Grade: ____ Teacher: _____

I **DO NOT** want my child to have the following health screening(s):

Vision **Hearing** **Height/Weight** **Scoliosis** **Dental**

Parent/Guardian’s Signature: _____ Date: _____

Parent/Guardian’s Name: _____ Phone: _____
(Please Print)

*FVQ will provide vision screening and eye exam if indicated at: Alternative Schools (New Beginnings-Phoenix) Avalon, Calusa Park, East Naples, Eden Park, Estates, Everglades, Golden Gate Elementary, Golden Terrace, Golden Gate Middle, Highlands, Immokalee Middle, Immokalee Community School, Lake Trafford, Lely Elementary, Manatee Elementary, Manatee Middle, Mike Davis, Parkside, Pinecrest, Poinciana, Shadowlawn, Village Oaks, Palmetto Elementary

For School Use Only

___ Form given to Health Screening Coordinator	Date: _____	Initials: _____
___ Information entered in Focus by Data Entry	Date: _____	Initials: _____
___ Form sent to Doc Vault, Category B	Date: _____	Initials: _____

PROGRAMA ESCOLAR DE PRUEBAS DE LA SALUD SY 2019-20
FORMULARIO PARA PADRES SOBRE LA OPCIÓN
DE NO PARTICIPAR EN EL

Las Escuelas Públicas del Condado de Collier conjuntamente con el Departamento de Salud de la Florida (FDOH), *Visión Quest* de la Florida (FVQ), Programa de Salud Escolar de NCH (NCH), y la Facultad de Odontología de la Universidad de la Florida (UF), proveerán las siguientes pruebas de salud:

Prueba de la visión (FDOH)	Grados K, 1, 3, y 6
Prueba de la visión (FVQ) *	Grados K,1, 2, 3,4, 5, 6, 7,8
Prueba auditiva (FDOH)	Grados K, 1, y 6
Prueba de crecimiento y desarrollo (estatura y peso) (FDOH)	Grados 1, 3, y 6
Prueba de escoliosis (desviación de la columna) (FDOH)	Grado 6
Prueba dental (UF)	Grado 3

Si usted **NO** desea que sus hijos participen en algunas de estas opciones de pruebas de la salud, complete el formulario abajo, firmelo y devuélvalo a la escuela de sus hijos antes de la fecha programada para la prueba.

Puede ver el calendario de pruebas de la salud en: www.collierschools.com/Page/3065

Nombre del Estudiante: _____ N° Estudiantil: _____
Escuela: _____ Grado: ____ Maestro: _____

No deseo que mi hijo(a) reciba las siguientes pruebas de la salud:

Visión **Audición** **Estatura y peso** **Escoliosis** **Dental**

Firma del padre o tutor legal: _____ Fecha: _____

Nombre del padre o tutor legal: _____ Teléfono: _____
 (Favor de escribirlo en letra de molde)

*FVQ proveerá la prueba de visión (si es indicada) en las escuelas de: Alternative Schools (New Beginnings-Phoenix) Avalon, Calusa Park, East Naples, Eden Park, Estates, Everglades, Golden Gate Elementary, Golden Terrace, Golden Gate Middle, Highlands, Immokalee Middle, Immokalee Community School, Lake Trafford, Lely Elementary, Manatee Elementary, Manatee Middle, Mike Davis, Parkside, Pinecrest, Poinciana, Shadowlawn, Village Oaks, Palmetto Elementary

For School Use Only

____ Form given to Health Screening Coordinator	Date: _____	Initials: _____
____ Information entered in Focus by Data Entry	Date: _____	Initials: _____
____ Form sent to Doc Vault, Category B	Date: _____	Initials: _____



**FÒM POU SI PARAN PA VLE PITIT YO SIBI TÈS DEPISTAJ SANTE SY2019-20
PWOGRAM SOU TÈS DEPISTAJ SANTE NAN LEKÒL**

Lekòl Piblik Collier County, an patenarya avèk Depatman Sante Delaflorid (FDOH), Florida's Vision Quest (FVQ), Pwogram Sante Eskolè NCH (NCH), ak Fakiltè Dantistri nan Inivèsite Delaflorid, (UF), pral ofri tès depistaj sante sa yo:

Vizyon (FDOH)	Klas Ane K, 1, 3, & 6
Vizyon (FVQ)*	Klas Ane K,1, 2, 3,4, 5, 6, 7,8
Odisyon (FDOH)	Klas Ane K, 1, & 6
Kwasans ak Devlopman (otè ak pwa) (FDOH)	Klas Ane 1, 3, & 6
Eskolyoz (pou detèmine koub nan kolòn vètebral) (FDOH)	Klas Ane 6
Dantè (UF)	Klas Ane 3

Si w **PA** vle pitit ou patisipe nan youn oswa plizyè nan aktivite tès depistaj sayo, konplete enfòmasyon anba a, siyen l, epi retounen l nan lekòl pitit ou an avan dat yo bay pou tès depistaj la. Ou kapab wè orè sou tès depistaj la nan: www.collierschools.com/Page/3065

Non Elèv la: _____	Nimewo Elèv la: _____
Lekòl la: _____	klas Ane: ____ Pwofesè a: _____

Mwen Pa vle pitit mwen sibi tès depistaj sa yo:	
<input type="checkbox"/> Vizyon <input type="checkbox"/> Odisyon <input type="checkbox"/> Otè/Pwa <input type="checkbox"/> Eskolyoz <input type="checkbox"/> Dantè	
Siyati Paran/Responsab: _____	Dat: _____
Non Paran/Responsab: _____	Telefòn: _____
(Tanpri Enprime)	

*FVQ pral ofri tès despitaj ak ekzamen zye si sa endike nan: Alternative Schools (New Beginnings-Phoenix) Avalon, Calusa Park, East Naples, Eden Park, Estates, Everglades, Golden Gate Elementary, Golden Terrace, Golden Gate Middle, Highlands, Immokalee Middle, Immokalee Community School, Lake Trafford, Lely Elementary, Manatee Elementary, Manatee Middle, Mike Davis, Parkside, Pinecrest, Poinciana, Shadowlawn, Village Oaks, Palmetto Elementary

<u>For School Use Only</u>		
____ Form given to Health Screening Coordinator	Date: _____	Initials: _____
____ Information entered in Focus by Data Entry	Date: _____	Initials: _____
____ Form sent to Doc Vault, Category B	Date: _____	Initials: _____