



2700 KEARNS BOULEVARD  
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### VISION SCREENING OPT-OUT FORM

In accordance with Utah State Law (UCA 53G-9-404), “All students less than age nine entering a public school in Utah for the first time without proof of screening must be screened during the year of entry by an optometrist, medical doctor, advanced practice registered nurse, occupational therapist, or physician assistant” (UDOH, 2019).

PCSD provides a basic distance (tier 1) vision screening for grades PK, K, 1, 2, 3, 5, 7, 8, and 9<sup>th</sup>. In addition, PCSD nurses may do a (tier 2) vision screening for those referred by parents, teachers, special education, or others. On referral, a vision questionnaire is completed by a teacher or parent (if referred by parent) and given to the school nurse. The school nurse may screen for distance, near, eye focusing or tracking problems, color vision deficiency, and/or convergence insufficiency. A referral to an optometrist or ophthalmologist may be given to the parent if determined by health condition, vision questionnaire or vision deficiency determined by the screening (UDOH, 2019).

A vision screening is not a substitute for a complete exam by an optometrist/ophthalmologist. If you are concerned that your student has a vision issue it is recommended to schedule an appointment with an optometrist or ophthalmologist.

As allowed in UCA 53G-9-404 (2019) a parent may opt their student out of vision screening.		
Student name:	DOB:	School Year:
School:	Grade:	Teacher:
<b>Parent to Complete</b>		
As parent of the above named student, I do not wish for my student to have a vision screening during this school year. I understand that I may change my mind at any time and will do so in writing. I understand that this request is for the current school year only. This form may be re-submitted each school year.		
Parent/Guardian Name:		
Parent/Guardian Signature:	Date:	

Reference: Utah Department of Health, “Utah School Vision Screening Policy August 2019”.  
[https://choosehealth.utah.gov/documents/pdfs/schoolnurses/Vision%20Forms/vision\\_screening\\_policy\\_8-19.pdf](https://choosehealth.utah.gov/documents/pdfs/schoolnurses/Vision%20Forms/vision_screening_policy_8-19.pdf)



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