

TEMPLATE FOR VISION/DENTAL SCREENING CERTIFICATION FOR SCHOOL USE

Add your School Header

Child's name: _____ Date of birth: _____ Grade: _____
(Please print)

Parents please complete:

Section One, Section Two, **or** Section Three of both Vision and Dental Screening Certifications.

VISION SCREENING CERTIFICATION See [2013 Oregon HB3000 Section 1: \(2\)\(a\) through \(3\)\(b\)](#)

SECTION ONE: Screening or eye exam date: _____

Results: Pass Referred (Did not pass)

Follow-up: Name of provider: _____

OR

SECTION TWO: I have previously submitted certification to: _____
(School)

OR

SECTION THREE: I am not providing certification of vision screening/exam due to my religious beliefs.

Parent/Guardian signature

Date

DENTAL SCREENING CERTIFICATION See [2015 Oregon HB2972 Section 1: \(2\)\(a\) through \(3\)\(c\)](#)

SECTION ONE: Screening or dental exam date: _____

Results: Pass Referred (Did not pass)

Follow-up: Name of provider: _____

OR

SECTION TWO: I have previously submitted certification to: _____
(School)

OR

SECTION THREE: I am not providing certification of dental screening/exam due to my religious beliefs.

Parent/Guardian signature

Date