TEMPLATE FOR VISION/DENTAL SCREENING CERTIFICATION FOR SCHOOL USE

Add your School Header

Child's name:		Date of birtii.	Grade:
	(Please print)		
Parents please comple Section One, Section To		oth Vision and Dental Screening	Certifications.
VISION SCREENING C	CERTIFICATION See 2	013 Oregon HB3000 Section 1: (2)(a) through (3)(b)
			<u> </u>
Results: Pass	Referred (Did not		
	· ·		
	r provider		
OR			
SECTION TWO:	have previously submitted	d certification to:	(School)
OR			
SECTION THREE:	I am not providing certific	cation of vision screening/exam de	ue to my religious beliefs.
Parent/Guardian signatu	ure		Date
DENTAL SCREENING	CERTIFICATION See	2015 Oregon HB2972 Section 1:	(2)(a) through (3)(c)
	_	-	(2)(a) through (3)(c)
SECTION ONE: Screen	ning or dental exam date	· ·	(2)(a) through (3)(c)
SECTION ONE: Screen Results: Pass	ning or dental exam date	: pass)	(2)(a) through (3)(c)
SECTION ONE: Screen Results: Pass Follow-up: Name of	ning or dental exam date	· ·	(2)(a) through (3)(c)
SECTION ONE: Screen Results: Pass Follow-up: Name of OR	ning or dental exam date Referred (Did not for provider:	: pass)	(2)(a) through (3)(c)
SECTION ONE: Screen Results: Pass Follow-up: Name of OR	ning or dental exam date	: pass)	(2)(a) through (3)(c) (School)
SECTION ONE: Screen Results: Pass Follow-up: Name of OR SECTION TWO: It is OR	ning or dental exam date Referred (Did not f provider: have previously submitted	cass)	(School)
SECTION ONE: Screen Results: Pass Follow-up: Name of OR SECTION TWO: It is OR	ning or dental exam date Referred (Did not f provider: have previously submitted	: pass)	(School)
SECTION ONE: Screen Results: Pass Follow-up: Name of OR SECTION TWO: It is OR	ning or dental exam date Referred (Did not f provider: have previously submitted	cass)	(School)
SECTION ONE: Screen Results: Pass Follow-up: Name of OR SECTION TWO: It is OR	ning or dental exam date Referred (Did not f provider: have previously submitted I am not providing certific	cation of dental screening/exam d	(School)