



## VISION AND DENTAL SCREENING CERTIFICATION FOR SCHOOL USE

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
(please print)

**Parents please complete:** 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: \_\_\_\_\_

**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: \_\_\_\_\_

**OR**

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

---

Please return completed form:

Springwater Environmental Sciences School  
16491 S. Springwater Rd., Oregon City OR 97045  
P: (503) 631-7700 F: (503) 631-7720