

ALLEGAN COUNTY HEALTH DEPARTMENT

3255 - 122nd Ave., Suite 200, Allegan, MI 49010

Office Administration
(269) 673-5411 Fax (269) 673-4172
Bioterrorism Preparedness
(269) 673-5411
Personal Health
(269) 673-5411



Communicable Disease
(269) 673-5411
Environmental Health
(269) 673-5415
Resource Recovery
(269) 673-5415

Vision/Hearing Screening Waiver

Dear Parent/Guardian,

Every year the Allegan County Health Department will be performing the following Screenings on students:

Vision – 1st grade, 3rd grade, 5th grade, 7th grade and 9th grade **Hearing** – K, 2nd grade and 4th grade

If your child is screened and the results are **not** in the "normal" range for one of the screenings, you will be notified by letter. If you receive one of these letters, it is recommended that you take your child to a doctor or specialist for an evaluation.

If you do not want your child to participate in the screenings of his/her grade, *please complete the bottom page of this letter and return/fax 269-673-4172 a copy to the Health Department, and one copy to your child's school for their records. This needs to be completed each year for non-participation.*

If you have any questions regarding this matter, please call the Allegan County Health Department at 269-673-5411 and ask for Hearing & Vision.

Student's Name _____ Date of Birth _____ Grade _____

School _____ Parent/Guardian's Name _____ Phone _____

I DO NOT WISH TO HAVE MY CHILD PARTICIPATE IN THE FOLLOWING SCREENINGS:

VISION _____ HEARING _____

My Child is currently under a doctor's care and was evaluated by Doctor _____

This evaluation done on _____, and resulted in:

Parent's Signature _____

Date _____