

ALLEGAN COUNTY HEALTH DEPARTMENT

3255 – 122ND Ave., Suite 200, Allegan, MI 49010

Office Administration
(269) 673-5411
Bioterrorism Preparedness
(269) 686-4570
Personal Health
(269) 673-5413



Communicable Disease
(269) 686-4524
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 _____