

**AFFIDAVIT  
PARENT/GUARDIAN REFUSAL OF SCHOOL HEALTH SCREEINGS**

This Affidavit is being submitted on behalf of:

\_\_\_\_\_

(Name of child)

The above named child has undergone such health screening as is required (see Attachment 1) by Nebraska DHHS School Health Screenings Rules and Regulations within the last six months preceding the school's scheduled health screening.

\_\_\_\_\_

(Signature of physician (M.D. or O.D), physician assistant, or an advanced practice registered nurse-nurse practitioner)

\_\_\_\_\_

(Date)

Screenings done:

- \_\_\_ Height
- \_\_\_ Weight
- \_\_\_ Distance Vision
- \_\_\_ Near Vision
- \_\_\_ Hearing
- \_\_\_ Dental

Restrictions or findings that could impact the child's learning:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

(Signature of physician (M.D. or O.D), physician assistant, or an advanced practice registered nurse-nurse practitioner)

\_\_\_\_\_

(Date)

**Parent/Guardian:**

Return this signed statement to your child's school if you do not want your child to undergo school health screenings at school.

\_\_\_\_\_

(Parent/guardian signature)

\_\_\_\_\_

(Date)