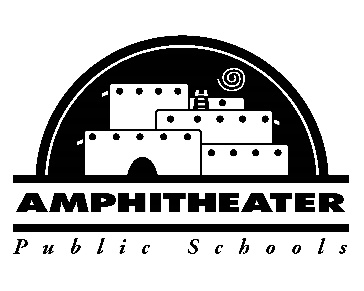
# **HEALTH SERVICES**

# Cherie Gaither, DNP, RN

# Director of Health Services

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President Vice President

Governing Board Members

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Superintendent

Todd A. Jaeger, J.D.

To Whom It May Concern,

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent/guardian of the below named student. Per Arizona State Rules and Regulations regarding mandatory school hearing/vision screenings, I am requesting that my student named below NOT be screened for:

□ Hearing

□ Vision

* For the specified school year, please indicate school year\_\_\_\_\_\_\_\_\_\_\_
* Unless I specifically request a screening.

“An administrator shall exclude from a school’s hearing/vision screening population a student for whom the administrator has documentation, from a student’s parent objecting to the student receiving a hearing/vision screening, specified in A.R.S. § 36-899.04”

Student’s Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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