



# PARENTAL DECLINATION OF SCHOOL SCREENING SERVICES

School has contracted for health screenings with the South Dakota Department of Health (DOH), which is subject to the rules and regulations of the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires that the DOH provide access to our Notices of Privacy Practices. You may view the DOH notice on our website at <https://doh.sd.gov/documents/HIPAANotice.pdf> or request a printed copy by contacting us at 1-800-305-3064.

## Screenings to be provided during the 2022-2023 school year include:

**Vision Screening for students in Grades**

**Hearing Screening for students in Grades**

**Physical Assessments for students in Grades**

**Scoliosis Screening\* for girls in Grades**

**Scoliosis Screening\* for boys in Grades**

\*Abnormal curvature of the spine is usually first noticed at the beginning of the adolescent growth spurt. Often, early detection and appropriate treatment can prevent progression. The screening procedure takes about 30 seconds and may require the student to remove his/her shirt or blouse in order that the spine can be visually observed by the Community Health Nurse.

Please choose from the following two (2) options:

I decline to have my child's abnormal hearing or vision screening results shared with the school classroom teacher. I still want my child to participate in the screening.

I decline to have my child participate in the school health screening

\_\_\_\_\_  
(Printed name of student)

\_\_\_\_\_  
Student Grade

\_\_\_\_\_  
(Printed name of parent)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Community Health Nurse

\_\_\_\_\_  
Office

\_\_\_\_\_  
Phone Number

**School Personnel: Please provide the Community Health Nurse with a copy of the signed form.**