

EXEMPTIONS FROM SCREENINGS

I, _____, understand(s) that Texas Health and Safety
(Parent or Guardian)

Code Chapters [37](#), [95](#), and [36](#) require all public and private schools to screen children for
abnormal spinal curvature, acanthosis nigricans, special senses, and communication disorders

before the end of the school year. I hereby request that _____
(Name of Student)

NOT undergo the screenings at the school for

_____ abnormal spinal curvature,

_____ acanthosis nigricans,

_____ special senses, and

_____ communication disorders.

I (we) object to the screenings for the following reason(s):

I (we) will have our child screened by a health provider of our choice and provide the school
district with proof of said screenings.

(Signature of Parent or Guardian)

Received by:

_____ Date: _____