

## Return this form only if you **DO NOT** want your child screened.

Dear Parent/Guardian,

The Cambridge Public Health Department conducts state-mandated vision and hearing screening as part of its school health program. The screening will be at your child's school within the next month.

Both the vision and hearing screening tests are easy to perform and take a few minutes. If your child already wears glasses or contact lenses, please make sure that they wear them to school. If the tests show that your child needs further evaluation, I will send you a letter in the mail and ask you to schedule an appointment.

All children are screened, unless you sign this letter and return it to school. Please call me or your school nurse if you have any questions about the screening.

Sincerely,

## Ronnettle Capehart

Ronnette Capehart MHA, BSN, RN Vision and Hearing Coordinator Phone 617-665-3836; Fax: 617-665-3888

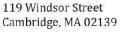
Email: rlcapehart@challiance.org

## Vanessa Sanz

Vanessa Sanz, Health Aide Vision & Hearing Phone 617-665-3836

Email: vsanz@challiance.org

| . I the parent/guardian <u>DO NOT</u> want my child screened for vision and hearing at school. |              |
|--|--------------|
| Child's name:  | Room number: |
| Parent/guardian signature:   | Date:        |



Phone: 617.665.3800 | Fax: 617.665.3888

www.cambridgepublichealth.org



