



Cambridge
Public Health
Department

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,

Ronnette Capehart

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Vision and Hearing Coordinator
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Vanessa Sanz

Vanessa Sanz, Health Aide
Vision & Hearing
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I the parent/guardian **DO NOT** want my child screened for vision and hearing at school.

Child's name: _____ Room number: _____

Parent/guardian signature: _____ Date: _____

