

**North Yarmouth Academy
Vision and Hearing Testing**

I _____, would decline the option to have _____
(Parent Name) (Student Name)

screened for the following (circle if you wish to NOT have tested)

Vision

Hearing

Parent Signature: _____ Date: _____

Testing Schedule

Vision: Grades 5, 7, 9

Hearing: Grades 5 & 7

Scoliosis: Girls → Grades 6 & 8 Boys → Grade 8 (Assessed by physician during physical)