



HEALTH SCREENING EXEMPTION

STATE OF TEXAS]
]
]
COUNTY OF _____]

BEFORE ME, _____, on this day _____
personally appeared, and after being duly sworn by me, stated on oath that he/she is the parent or
legal guardian of _____, a minor; that he/she is an
adherent or member of the _____ (religion or faith)
and that the physical examination requirement conflicts with the tenets and practices of same.

This exemption applies to (check all that apply):

Acanthosis Nigricans ____ Scoliosis Screening ____
Vision and Hearing Screening ____

Given under my hand and seal of office this _____ day of _____, 20 ____.

_____ Parent/Guardian

_____ Notary Public in and for

_____ County, Texas.