



**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.