



Population Health: Vision Hearing Technicians

Southern DHB

visionhearing@southerndhb.govt.nz

0800 88 55 04

YEAR SEVEN VISION SCREENING OPT – OUT OPTION.

If you **do not** wish your child to be included in the year 7 Vision Screening Programme. Please return this slip to the school office prior to our visit.

Childs Name: _____ Room No: _____

Parents/Legal Guardian Signature:

Reason (Optional): _____