

**PARENT OBJECTION TO  
PHYSICAL EXAMINATION OR VISUAL EVALUATION**

I, \_\_\_\_\_ (parent or guardian name), am the parent or guardian of \_\_\_\_\_ (student name) who is enrolling in the beginner grade or seventh grade in Maywood Public Schools, or who is transferring from out of state into any grade in Maywood Public Schools:

I understand that state law requires that the school be provided with evidence of: (1) a physical examination, and (2) a visual evaluation. The physical examination and visual evaluation is required to be completed within six months prior to the entrance of the child into the beginner grade and the seventh grade or, in the case of a transfer from out of state, to any other grade. The visual evaluation is to consist of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity. No such physical examination or visual evaluation shall be required of any child whose parent or guardian objects in writing.

I hereby object in writing to the (check one or both):

\_\_\_\_\_ physical examination  
\_\_\_\_\_ visual evaluation

for the above named child. I will not hold Maywood Public Schools responsible for any injury or harm caused by or relating to such refusal to obtain a physical examination or visual evaluation for the above named child.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Parent or Guardian