## **HEARING SCREENING REQUEST WAIVER**

		School Year					
CDS code number		School district					
Address (number and street)		<u> </u>		City			ZIP code
Name		Title			Date		
Signature			Office telephone number				
					( )		
A school district may recycer. This request is for the California Code of Rat risk of hearing loss will  those exposed to loud  pupils that have been pupils for whom there  pupils who have not have any pupil who has enro	waiver of hearing screen waiver of hearing screen Regulations, Title 17, So I receive testing services I noises, including loud referred for testing by a was a previously docur and a hearing test for the rolled for the first time in the relative hearing testing process.	ening for tenth and/or e ection 2951, requires a es. Pupils at risk of heamusic; a parent or teacher; mented problem; ree years; and in the district.	leventh g in alterna iring loss	grade pupil ative testin are:	ls.		
Please submit this for hearing screening does	s not exempt a school	I district from reporting the structure of Health Care Services Branch on Specialist	g requir	Pements co	ontained in	n Section	n 2951(e). S <i>SPACE</i>
			Pay	Ap	pproved		ot approved  Date
			Rev	lewed by			Date