

R.J. Murray Middle School

150 N. Holmes Blvd.• St. Augustine, FL 32084 Phone: 904.547.8483 Fax: 904.547.8475 www-mms.stjohns.k12.fl.us



Health Screening Opt-Out Form 2025-2026

ONLY RETURN IF YOU DO NOT WISH YOUR CHILD TO BE SCREENED.

Dear Parents/Guardians,

In compliance with Florida Statute 381.0056 (4)(a), regarding school health services, we are notifying you that students in the St. Johns County School System will be offered the following health screenings on Thursday September, 18, 2025.

Vision (Grades KG, 1st, 3rd and 6th	1)		
Hearing (Grades KG, 1st, and 6th)			
Height/Weight (Grades 1st, 3rd, and	1 6th)		
Scoliosis (6th grade only)			
nurses, other school personnel, and "normal" range for the particular te	trained volunteers. If you st, you will be notified by by signing below, no lawate. It should be understo	r child is tested letter. Your c t er than Thur	hild will be screened unless you sday September 11, 2025, that you
We are pleased to be able to offer p contact the school nurse if you have	rograms that support the lequestions or concerns.	nealth and well	l being of our students. Please
Sincerely, String Several Dr. Esther L. Seward	•••••		
ONLY SIGN BELOW AND RET CHILD TO BE SCREENED.	TURN TO THE SCHOO	L NURSE <mark>IF</mark>	YOU DO NOT WISH YOUR
Please DO NOT include my child,		, '	GRADE,
Teacher, in any	of the health screening p	cocess (vision,	hearing, height/weight, scoliosis):
Parent Name (Printed)	Signature of Parent	Date	
Holly Smith, Assistant Principal	Dr. Esther Seward, 1	Principal	Ryan Velsor, Assistant Principal

"One Team, No Limits!"