HEARING SCREENING REQUEST WAIVER

		School Year	_					
CDS code number		School district						
Address (number and street)				City			ZIP code	
Name		Title				Date		
Signature				Office telephone number				
					()			
A school district may recycle. 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 ha any pupil who has enro We will follow the alter We will modify the alter	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	California Departmer Children's Medical S Hearing Conservatio MS 8103 P.O. Box 997413	I district from reporting the strict of Health Care Services Branch on Specialist	g requir	ements c		n Section	n 2951(e).	
	Sacramento, CA 958	399-7413		☐ At	proved	ved		
			Rev	viewed by			Date	