

Spine Screening
School Year 2021-2022
(Starts in the 5th grade)

School Health Services
Nancy Silverberg
609-584-1800 ext. 229
Email: nsilverberg@thenewgrange.org

Dear Parents and Guardians:

The purpose of this letter is to inform you I will be performing spinal assessments in the school health office during the school year. I will notify you of findings only in cases where a referral is necessary. Students ages 10 to 18 are required by law to be evaluated for spinal curvature (possible scoliosis).

Boys and girls will be screened separately. Privacy is ensured. It is helpful when students wear a top that can be easily removed in order to allow assessment of the back.

Any student may be exempt from the examination upon the written request of the parent or guardian.

Please complete the bottom of this form and submit to the health office **only if you would like your child to be excused from the screening.**

Sincerely,
Nancy
Silverberg

Please Do Not Detach

Student Name: _____

Date: _____

Grade _____

1 DO NOT wish to have my child participate in the scoliosis screening program. Please indicate one of the following:

- My child has been/will be screened by our private physician (please provide medical note from physician).
- Other (please indicate): _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

*Please complete this form for each school year you would like your child to be exempt from scoliosis screening.