

Scoliosis Screening Form

(screenings begin in 5th grade and are conducted biennially)

Dear Parents and Guardians:

Pursuant to N.J.A.C. 6A:16-2.2 (l) each district board of education shall ensure that students receive health screenings. The purpose of this letter is to inform you that I will be performing spinal assessments in the school health office throughout the school year. I will notify you of any abnormal findings only in cases where a referral is necessary. Students ages 10 to 18 are required by law to be evaluated for scoliosis (curvature of the spine).

Boys and girls will be screened separately. Privacy is ensured. It is helpful when students wear a top that can be easily removed 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.

Please Do Not Detach

Student Name: _____ Date: _____ Grade: _____

_____ **I DO NOT** wish to have my child participate in the scoliosis screening program. I will provide the nurse with the results from our pediatrician.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

*Please complete this form **at the beginning of each school year** if you would like your child to be exempt from scoliosis screenings.*