



SCOLIOSIS SCREENING FORM

Dear Parent/Guardian:

Scoliosis is a condition of the spine in which the spine may curve to the left or right. It is most commonly found during the adolescent growth period and may progress if not treated. The purpose of the screening is to recognize scoliosis in its earliest stages.

According to Title 18A:40-4.3, any pupil shall be exempt from the examination upon written request of his/her parent or guardian. Scoliosis screenings will be offered to 9th and 11th grade full time students.

If you do not want your child to be screened for scoliosis, please sign and return this form by May 4, 2015.

If you would like to be present during the scoliosis screening, please contact the health office at 908-526-8900 ext. 722 or 7347.

Thank you for your cooperation.

Sincerely,
Patty Cantwell-Morales, CSN
Peggy Prezioso, CSN

PLEASE EXEMPT MY CHILD FROM SCOLIOSIS SCREENING.

Student's Name: _____

Grade: _____

Parent/Guardian Signature: _____

Date: _____