



Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Campus: \_\_\_\_\_

School Telephone #: \_\_\_\_\_

**Dear Parent/Guardian:**

Students in our schools were recently screened for a curvature of the spine that can appear during the years of rapid growth between ages 10 and 16 years. Your child has signs of a possible curve listed below. Two kinds of curve are Scoliosis (sideways curve) and Kyphosis (roundback).

It is your responsibility to take this form to a doctor of your choice who can do a complete check of the spine. After the doctor has examined your child and completed this form, please return it to school. If you cannot afford a doctor or have questions, contact the school for information.

Thank you for your cooperation: \_\_\_\_\_  
Signature of School Administrator or Nurse Date

**SCREENING FINDINGS:**

- |   |                          |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|---|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <table border="0"> <tr><td style="width: 50%;">L</td><td style="width: 50%;">R</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | L                        | R | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <table border="0"> <tr><td style="width: 50%;">L</td><td style="width: 50%;">R</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | L | R | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L   | R                        |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| L   | R                        |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |   |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

\_\_\_\_\_  
Screener Name and Title Date

**PROFESSIONAL EXAMINATION REPORT:**

\_\_\_\_\_  
Date

Diagnosis: \_\_\_\_\_

- Recommendations:  No Treatment     Treatment
- Observation only
  - Brace
  - Surgery
  - Other (Please describe)
- Referral (Please describe): \_\_\_\_\_

Activity limitation. If any, please describe: \_\_\_\_\_

Comments: \_\_\_\_\_

Return appointment?  Yes     No    Return Date: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Printed Signature or Hand Stamp Date

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Address