

NESHAMINY SCHOOL DISTRICT

Dear Parent/Guardian:

Date: _____

In a recent screening your child displayed possible scoliosis or curvature of the spine. Further evaluation is recommended to determine if treatment is necessary. Please have your physician complete this form and return it to the school nurse.

school nurse

secondary screener

The following observations were noted during screening:

WHILE STANDING ERECT:

FORWARD BENDING:

_____ shoulder level unequal

_____ raised rib cage

_____ hip level unequal

_____ lumbar compensation

_____ spine curve

_____ shoulder blade more prominent

_____ unequal distance between arms and body

_____ other

PHYSICIAN REPORT:

Patient examination revealed the following:

_____ nonsignificant findings

_____ curvature noted, continued observation planned

_____ x-ray

_____ other

Physician: _____

Date: _____