

June 2016

Dear Trinity Parent/Guardian:

The State of New Jersey requires that all students ages 10-18, be screened every two years for scoliosis. **All students entering the 5th and 7th grade need to be examined.** Any student in the 6th and 8th who did not provide verification of a scoliosis exam last year will need to be screened.

Scoliosis is defined as a condition of the spine in which the spine may curve to the left or right. It is most commonly found during the time of rapid growth and may progress if not treated. The purpose of spinal screening is to detect signs of spinal curvature at its earliest stages so that the need for treatment can be determined.

This screening is performed *during the school year by the school nurse*. A letter will be sent home prior to the screening date to further explain the procedure.

You can have this procedure done by your own physician at the time of your child's routine physical examination. If you choose this option, your physician must complete the form below and return it to the school nurse by **the first day of school**. Thank you for your cooperation.

Mrs. Carlita Spike RN
School Nurse

Student's Name _____
has been examined for scoliosis. Grade _____

RESULTS:

Normal _____

Abnormal _____ Under Treatment: Yes _____ No _____

Comments: _____

Physician's Signature _____

Date _____