

SCOLIOSIS SCREENING REPORT

Student Name: _____

Date Screened: _____ School: _____

School Nurse: _____

OBSERVATIONS AND SCOLIOMETER READING VERIFIED BY TWO NURSES:

- Shoulder higher
- Obvious spinal curvature
- Prominent shoulder blades
- Greater arm-to-body space
- Waist creases uneven
- One hip higher
- Prominence on side of upper back when bending over
- Prominence on side of lower back when bending over
- Increased round back
- Increased swayback

Scoliometer reading: _____

TO BE COMPLETED BY PHYSICIAN

- No significant findings at this time
- X-ray (if indicated) results: _____
- Need for further evaluation
- Re-examination needed in _____ months.

Diagnosis: _____

Treatment (if indicated): _____

Additional comments: _____

Physician's Signature: _____

Address: _____

Phone: _____

Please return form to school.

I give permission for this information to be released to the above named school's nurse for my child's school health file.

Parent Signature: _____

Date: _____