



25 Valley Road, Princeton, New Jersey 08540

SCOLIOSIS SCREENING NOTIFICATION

Dear Parent(s)/Guardian(s):

There will be a screening program for scoliosis for all students ages 10 – 18.

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 time of rapid growth, and may progress if not treated. The purpose of the screening program is to recognize scoliosis in its earliest stages.

A student may be exempt from this examination if requested by the parent/guardian in writing. Please sign below if you wish your child to be exempted from this screening.

You will be notified and a referral made if any abnormality is detected.

Thank you for your cooperation.

Sincerely,

School Nurse

I wish to exempt my child from this examination.

Yes_____

Name of Student

Grade

Signature of Parent/Guardian

Date