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Dear Parent/Guardian:

The Alabama State Department of Education and Alabama Department of Public Health requires that school districts in Alabama offer and provide Scoliosis screening for male and female students in grades 5-9. The scoliosis screening date will be: _____.

Screening is performed by observing the uncovered spine, viewing the student from the back, side and front with the student bending forward. If a spinal problem is suspected, the student will be rechecked at a second screening. Parent/guardian of student found to have signs of a possible spinal abnormality will be asked to see their personal physician for further evaluation.

Girls and boys will be screened separately and each student will be in a cubicle space to ensure their privacy. Girls should wear a bathing suit top or bra under their clothing when their outer top is removed.

If your student is currently under treatment for a spinal abnormality, please let us know and your student will be exempt from the screening process.

Please complete the consent form below; indicating your wishes for scoliosis screening.

Please note: forms not returned will result in student not being screened.

I ***do wish*** for my son/daughter to be included in the scoliosis screening.

_____ _____
Student Name Parent/Guardian signature

I ***do not wish*** for my son/daughter to be included in the scoliosis screening.

_____ _____
Student Name Parent/Guardian signature

My son/daughter is currently under treatment for a spinal abnormality and is exempt from the scoliosis screening.

_____ _____
Student Name Parent/Guardian signature

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