



# *Delaware Valley Regional High School*

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## **SCOLIOSIS SCREENING PLEASE DETACH AND RETURN THE APPLICABLE SECTION**

A Scoliosis Screening Program will be offered to all 11<sup>th</sup> grade students who have not had a physical examination during the current school year. Scoliosis screening is biennial in accordance with the Pamphlet Law 2000.c126, September 21, 2000.

Scoliosis screenings will be conducted by the school nurse for 11<sup>th</sup> grade students the week of March 27, 2023. The scoliosis screening will be done on students that have **NOT** submitted results completed by their primary physician. After the student removes loose fitting clothing, the nurse will inspect the student's spine as he or she stands and bends forward. If a problem is suspected, further evaluation is recommended. Parents will be notified by mail to follow-up with their primary care physician.

✂ \_\_\_\_\_

### **SCOLIOSIS - PHYSICIAN SCREENING FORM**

If the following information pertains to your son or daughter, please complete and return to the health office **NO** later than March 17, 2023.

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

1. Presently being seen by Dr. \_\_\_\_\_

Diagnosis: \_\_\_\_\_

2. Date of last visit: \_\_\_\_\_

X-rays were / were not taken \_\_\_\_\_

3. Next scheduled appointment is in \_\_\_\_\_ months.

✂ \_\_\_\_\_

**If you do not wish your child to participate in this program**, please return this bottom section to the health office by March 17, 2023. Failure to return this portion of the form will be considered as **no objection to the Scoliosis Screening Program**.

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Please be advised that I DO NOT WISH the above named student to participate in the Scoliosis Screening Program.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_