

The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011

NOTIFICATION OF SCOLIOSIS SCREENING

Dear Parent/Legal Guardian:

A scoliosis screening is a biennial requirement for the State of New Jersey. Therefore, scoliosis screenings will be conducted for all students who are 10 years or older and have not had a physical exam during the current school year.

Scoliosis is a condition of the spine in which the spine may curve to the left or to the right. The purpose of the screening is to recognize scoliosis in its earliest stages.

The examination consists of a visual screening of the pupil's spine by the school nurse or school physician. If further evaluation is recommended, students with signs of possible spinal curvature will be asked to see their own physician for a follow-up consultation.

THIS SCREENING IS MANDATED BY THE STATE OF NEW JERSEY, BUT A PUPIL MAY BE EXEMPT FROM THE EXAMINATION IF REQUESTED BY THE PARENT/LEGAL GUARDIAN.

Thank you for your anticipated cooperation.

The Titusville Academy School Nurses Office

IF YOU **DO NOT** WISH FOR YOUR CHILD TO PARTICIPATE IN THE SCREENINGS, please return this bottom section to the Health Office by September 30th. ***Failure to return this portion of the form will be considered as no objection to the scoliosis screening.***

Student's Name **<First_name> <Last_Name>** Grade_____

Please be advised that I **DO NOT** wish the above named student to participate in the scoliosis screenings.

►Parent's Signature_____ Date:_____