## Scoliosis Screening Form

Primary Screening	g date:								
Student's Last Name:				_ First	First Name:			I:	
Date of Birth:		Race/Et	hnicity:			Gender:	Female	Male	
Name of Parent/	Guardian:								
Address:									
City: Stat						-			
Phone (H):									
Additional contac									
Name of School:		_							
Name of School:		ook benoo		Jind	Scl	hool Dist	rict:		
Grade level (circle	e one):	6 7	8	other					
Elevated Shoulder	Shoulder blade (scapular) prominence	Unequal dista between arm body	and	ven hips	Rib Promine (Upper ba	ck) F	Lumbar Prominence Lower back)	More than normal roundness (kyphosis)	
			Pri Left	TO STATE OF THE PERSON	creener Right		Secondary Left		
Shoulder Elevat	ed					Consideration of the Constant			
Shoulder Blade	Prominence								
Unequal Distance	e Between Arn	n and Body							
Uneven Hips								"	
Rib Prominence									
Lumbar Promine									
Kyphosis Increa									
Primary Scree			ikaan santa santa santa sa	CONTRACTOR OF THE PARTY OF THE	ondary Scree	MATANGE AND			
Date of screening:					Date of screening:				
Negative Referred for 2° screening Screener's name (print):				1 -	Negative Referred				
Check one: Volunteer Teacher Clinic Asst					Screener's name (print):				
School Nurse Other(Specify)				-   Ched	Check one: School Nurse				
Health Dept. Employee					Health Dept. Employee Other(Specify)				
Comments of screener:				Com	Comments of screener:				
Tallinoite of portonoli,				-   30111	Continents of scienting,				