



MT. LEBANON SCHOOL DISTRICT  
HEALTH SERVICES

Private Physician Findings  
Grade 7 Scoliosis Screening

421  
Rev. (2/15)

Scoliosis screening is mandated by the Pennsylvania Department of Health for 7<sup>th</sup> grade students. The purpose of this screening is to detect possible curvature of the spine. When the condition is detected early, and appropriately treated, progressive spinal deformity may be prevented. **If this form is not returned to the School Health Office by October 1<sup>st</sup>, the scoliosis screening will be completed by the Certified School Nurse.**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Scoliosis Findings:

Positive \_\_\_\_\_ Negative \_\_\_\_\_

If positive, follow-up recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Stamp: \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

**Please return this signed form to your child's health office.**