

3192 Turnpike St., Susquehanna, PA 18847

Phone (570) 853-4921

www.scschools.org

**Elementary School
Health Office**

Ext. 1343 or 1345

Fax: (570) 853-3092



**High School
Health Office**

Ext. 2347

Fax: (570) 853-3918

Private Scoliosis Evaluation

The PA Department of Health requires each student in grades 6 and 7 to be screened for scoliosis, a potentially severe deformity of the spine. Please have your primary care provider complete a screening and return this report to the School Health Office.

Student Name: _____ Student DOB: _____

Provider Report (please check):

- ☐ No scoliosis, no x-ray needed
- ☐ Possible Scoliosis, x-ray order and follow-up scheduled
- ☐ Confirmed Scoliosis, x-ray taken, degree of curvature _____, treatment plan in place.
- ☐ Other: _____

Provider Name: _____

Phone Number: _____

Provider Signature: _____

Date: _____