

OCEANSIDE UNION FREE SCHOOL DISTRICT

145 Merle Avenue, Oceanside, New York 11572-2206

Phyllis S. Harrington, Ed.D.
Superintendent of Schools
Ph: 516-678-1215 Fax: 516-678-7503
pharrington@oceansideschools.org

Jill DeRosa, Ed.D.
Assistant Superintendent for Human
Resources, Student Services and
Community Activities
Ph: 516-678-1213 Fax: 516-678-2145
jderosa@oceansideschools.org

SCOLIOSIS EXAMINATION FORM

Dear Parents/Guardians:

In October, the Oceanside School District will begin its annual screening for scoliosis (curvature of the spine) for all students in grades 5 through 9. This is mandated by Section 136.3 of the State Education Law. The school nurse, physical education teacher or school physician, will conduct the screening. Screening will be conducted individually with assurance of privacy for each child. Boys will be required to undress to the waist. Girls should wear appropriate undergarments as tops must be removed. If scoliosis is suspected, you will be notified by the school nurse.

If you would prefer to have your child examined by your private health care provider, please have the health care provider complete the form below. Please note, however, that the law requires screening within the school year, which starts in September. Therefore, valid forms for the 2015/2016 school year will be dated September 1, 2015 and later.

Sincerely,

Jill DeRosa, Ed. D.
Assistant Superintendent for Human Resources,
Student Services and Community Activities

SCOLIOSIS EXAMINATION FORM

On _____, I examined _____
(Exam Date) (Student's Full Name)

For scoliosis and found:

- _____ No evidence of scoliosis.
- _____ Possible or minimal scoliosis requiring only observation at this time.
- _____ Significant scoliosis, which I am treating.
- _____ Significant scoliosis, which I am referring to: _____

Provider's Signature

Provider's Stamp

Distribution: All students entering 5th, 6th, 8th and 9th grades.
(The Health Appraisal Form should be used for students entering 7th and 10th grades.)