Georgia Department of Public Health – Form #4400

Certificate of Scoliosis Screening

This form meets WCAG 2.1 accessibility requirements including searchable text, structured headings, and labeled form fields.

Student Name:	_____
Date of Birth:	_____
Gender:	Male / Female
Grade:	_____
School Name:	_____
Parent/Guardian Name:	_____
Phone Number:	_____
Email:	_____

Opt-Out Section

I do not want my student to be screened for scoliosis at this time.

Parent/Guardian Signature: _____ Date: _____