

Chapel Hill Academy

Health Office

Dear Parents,

Your child is screened at school annually. This screening includes Measurement of Height, Weight, Blood Pressure, Basic vision and Hearing as well as a Scoliosis check.

Scoliosis is a curvature of the spine that is most commonly seen during rapid periods of growth. If a variance is noted, you will be notified for further medical evaluation.

The check is for students age 10 through 18. The check takes approximately 30 seconds and involves a lifting of the shirt so that the spine can be visualized. The exam is done in a private setting.

If you prefer that your child NOT be screened for Scoliosis, please return this form with your signature. If I do not receive a signed form declining a scoliosis check, your child will be checked for Scoliosis.

Sincerely,

Lisa Bell, RN, BA, CSN

Chapel Hill Academy School Nurse

Student's Name _____ Age _____

I decline to have my child checked for Scoliosis. I am aware that he/she should be evaluated regularly for Scoliosis, and will be evaluated by our private Physician.

Parent Signature _____ Date _____