

Alachua County Public Schools
Health Services
Physician's Report for Scoliosis

Student Name: _____ Date of Screening: _____

School: _____

Physician:

This child was identified as having questionable curvature through a routine school screening program. Please complete the form outlined below. This information will help to evaluate the effectiveness of the program. Thank you for your cooperation.

Parent/Guardian: Please return this form after physician examination to the school nurse.

If you need assistance or have any questions, please contact:

School Nurse

Phone Number

Below to be completed by Physician

Please check the appropriate answer:

- This student was evaluated and found not to have a problem.
- This student was evaluated and thought to have a mild degree of curvature:
- Less than 10 degrees 10-20 degrees
- An x-ray was indicated and the curvature measured:
- 20-30 degrees 30-40 degrees

School Limitations:

- None; student can fully participate in school and activities.
- School limitations are: _____

Physician's Signature / Phone

Date