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