Peters Township Middle School

Mr. Adam Sikorski, Principal • Mr. Michael Henaghan, Assistant Principal

Scoliosis Screening

The Pennsylvania Department of Health requires that students be screened for scoliosis in grades 6 and 7 as part of their annual physical. The purpose of the screening is to detect possible curvature of the spine in children. If the condition is detected early and appropriately treated, progressive spinal deformity may be prevented.

Peters Township 7th graders can have the screening completed by **their own physician OR by trained school personnel**. If you chose to have the screening completed at school, the screening will take less than a minute. A trained screener will check your child's back while he or she is standing and bending forward. To ensure an adequate view of the spine, we will request that your child expose their backs during the screening. It is recommended that boys wear a shirt that can be easily removed. Girls should wear a bra, bathing suit top, or halter-top under a blouse or sweater. Each child will be screened separately and privacy will be maintained.

If you choose for the screening to be completed at school, we ask that you **sign and return** the **parent permission section** of this form to the health office. This screening will take place in at a date to be determined in the Spring.

If you choose to have your physician complete the screening, please have them complete the **physician screening section** below and return.

We ask that you return the completed form to the health office prior to (date). Please contact the Middle School Health Office with any questions at 724-941-2688, ext. 4244.

Private Physician Screening

STUDENT NAME: _____

Date: _____ Scoliosis Screening Results: _____

Physician Name: _____

Physician Signature: _____

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Parent Permission for School Screening

STUDENT NAME: _____

_____ I prefer my child have a scoliosis screening completed by trained school personnel

Parent Name: _____

Parent Signature: _____