

**Stroudsburg Middle School
200 Pocono Commons
Stroudsburg, PA 18360**

PRIVATE PHYSICIAN'S REPORT OF SCOLIOSIS SCREENING

Dear Physician,

The Pennsylvania Department of Health has adopted regulations regarding each child in grades 6 and 7 and age appropriate (11 and 12 years of age) children in ungraded classes to be screened for scoliosis.

STUDENT NAME _____ **Grade** _____

Physician's Findings

Examination (Please check)

Recommendations (Please check)

1. Scoliosis confirmed _____
*X-ray taken
Degree of curve (specify) _____

1. Will observe (O) _____
2. Recommended bracing (B) _____

2. Possible scoliosis _____
No X-ray taken

3. Recommend surgery (S) _____

3. No scoliosis _____
X-ray taken

4. Discharged (D) _____

4. No scoliosis _____
No X-ray taken

5. Comments _____

5. Other orthopedic conditions
Confirmed _____

Signature _____

Date _____

Physician (print) _____

*Single erect AP X-ray for baseline recommended by the American Academy of Orthopedic Surgeons.

Please return completed form to the School Nurse. Form may also be faxed to: (570) 213-0218.