SCOLIOSIS SCREENING WAIVER FORM

State law (*Education Code* Section 49452.5) requires that school districts in California provide scoliosis screening for seventh grade female students and eighth grade male students. The law also requires that qualified personnel conduct the screening.

Scoliosis is a curvature in the spine and can affect the function of parts of the body, including the heart and lungs. Screening is performed by observing the uncovered spine, viewing the student from the back, side, and front and also from all sides with the student bending forward. If a spinal problem is suspected, the child will be rechecked at a second screening. Parents of students found to have signs of a possible spinal abnormality will be asked to see their own physicians for further evaluation.

Girls and boys will be screened separately to ensure privacy. They can wear gym clothes, bathing suits, or other clothing that can be removed easily. Screening for your child will take place within the next two weeks. If your child is currently under treatment for a spinal deformity, please let us know, and your child will be exempt from the screening process.

Please sign below and return to the school nurse only if you do not want your child included in the scoliosis screening.

I do not wish my son/daughter to be included in the scoliosis screening.

Student Name _____

School site/program _____

Grade _____

_____
Parent's name (printed)

_____ _____
Parent's Signature Date