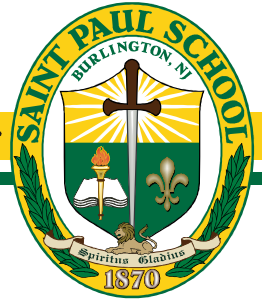


# SAINT PAUL SCHOOL

Education for Tomorrow, Faith for a Lifetime



William Robbins, Principal  
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Tel.: (609) 386-1645 • Fax: (609) 386-1345 • www.stpaulbrl.org

To: Parents/Guardians  
From: School Nurse  
Re: Scoliosis Screening

A law enacted by the New Jersey Department of Health requires a biennial screening program for scoliosis for all pupils ages ten through eighteen.

Scoliosis is defined as a condition of the spine in which the spine may curve to the left or right. It is most commonly found during the time of rapid growth and may progress if not treated. The purpose of the screening program is to recognize scoliosis in its earliest stages.

The school nurse will conduct the scoliosis screening. Students will be required to disrobe to the waist. It is suggested that girls wear bras or a bra like top. Girls and boys will be screened separately.

A pupil may be exempt from this examination by a written request from the parent or guardian. Please sign and return the bottom portion of this notice to the school nurse.

You will be notified of any suspected problem and an appropriate referral may be made.

\_\_\_\_\_  
Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Please check **one** box:

\_\_\_\_\_ I **give** consent to have my child screened for scoliosis in school.

\_\_\_\_\_ I **do not give** consent to have my child screened for scoliosis in school.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Printed Name