



Bloomsbury Elementary School

Health Office

20 Main Street

Bloomsbury, NJ 08804

(908) 479-4414 ext. 210

kscuderi@bburyes.org

PARENT NOTIFICATION OF SCOLIOSIS SCREENING

Dear Parent/Guardian:

As required by New Jersey School Law, I will be screening all 5th and 7th grade students for scoliosis. The screenings will be done **Tuesday, May 17th & Wednesday, May 18th**. Scoliosis is a condition where 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.

If you **do not** wish your child to have the scoliosis screening in school or your child already is already being followed by a doctor for scoliosis, please return this form. If this form is returned, your child will not be screened in the nurse's office, but it is imperative that your physician still examines your child for this potential spinal problem.

Please make sure that girls wear a sports bra underneath their shirt, and boys wear a light t-shirt to school on the day of screening to aid in the evaluation process. You will be informed of any problems that may be detected during the screening. Thank you for your cooperation.

Sincerely,

Katie Scuderi, RN
Bloomsbury School Nurse

Please return only if you **do not want** your child examined.

Name of Child: _____

I will have my private physician examine my child.

My child is already diagnosed with scoliosis and is under a doctor's care.

Parent's Signature: _____