

SCOLIOSIS SCREENING FORM

Grade: _____ Homeroom: _____ Student ID: _____

Student's last name: _____ First name: _____

Date of Birth: _____ Race/Ethnicity: _____ Gender: _____

Name of parent/guardian: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

Name of school: _____ District: GWINNETT Date of Screening: _____



Elevated shoulder and shoulder blade, uneven hips



Unequal distance between arm and body



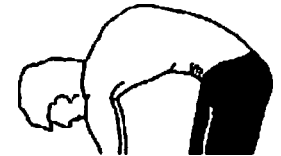
Waist fold difference



Rib prominence (upper back)



Lumbar prominence (lower back)



Kyphosis (more than normal roundness)

	Primary Screener		Secondary Screener	
	Left	Right	Left	Right
Front				
Shoulder elevated				
Unequal distance arm to body				
Uneven hips				
Rib prominence				
Lumbar prominence				
Back				
Shoulder elevated				
Shoulder blade elevation/prominence				
Waist fold difference				
Unequal distance arm to body				
Rib prominence				
Lumbar prominence				
Side				
Kyphosis—more than normal roundness	Yes	No	Yes	No

Negative _____ Refer for second screening _____

Screener's name (print) _____

Check one: School nurse Teacher Volunteer

Clinic assistant Other: _____

Screener notes:

Secondary screening date: _____

Negative _____ Referred _____

Screener's name (print) _____

Check one: School nurse Health professional

Other: _____

Screener notes:

Student declines secondary scoliosis screening

Nurse Signature

Date