



2011-2012

1650 Palisade Avenue, Teaneck, New Jersey 07666 * Tel 201-833-4307 * Fax 201-833-0816

HEALTH SCREENINGS

Screenings are required for students in the 9th and 11th grades

Dear Parent/Guardian,

It is required by law N.J.S.A. 18A:40-25 that all students' ages 10 through 18 be screened for scoliosis. The purpose of spinal screening is to detect signs of spinal curvature at its earliest stages so that the need for treatment can be determined. Scoliosis, the most common spinal abnormality, is a side-to-side curvature of the spine. It is usually detected in childhood or early adolescence. Most cases of spinal curvatures are mild and require only ongoing observation by a physician after the diagnosis has been made. Early treatments can prevent the development of a severe deformity, which can later affect the health, and appearance of the child.

The procedure for viewing is simple. Nurses who have been specially trained will look at your child's back while she stands and then bends forward. It is necessary for the entire back to be visible during the screening process. Girls must remove their shirts and wear a bathing suit or bra. Body suits are not acceptable. Shoes or sneakers are to be removed. You may choose to be present at the screening. Whether or not you are present, you will be notified if further evaluation is needed.

State guidelines also require a height, weight, vision, hearing and blood pressure screening for students. If you choose to have these screenings done only at your physician's office, please indicate by checking the exempt boxes below.

Without receipt of this form, your daughter will automatically be included in the screenings for scoliosis, vision hearing, blood pressure, height and weight.

Sincerely,
Karen Perl, RN
School Nurse

STUDENT NAME: _____ **GRAD YEAR** _____

Please check off the appropriate box for each screening:

<u>Screening</u>	<u>Include in Ma'ayanot screening</u>	<u>Will be provided by physician</u>
Scoliosis	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Height & Weight	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>

I give permission for my daughter to participate in the nursing services checked above by Ma'ayanot.

Please exempt my daughter from the screenings that I have indicated above will be performed by our private physician.

PARENT SIGNATURE

DATE