

## Scoliosis Medical Screening Form for School Records

Date of Screening: \_\_\_\_\_

Scoliosis Screening Findings: \_\_\_\_\_ Within Normal Limits      \_\_\_\_\_ Referred (indicate findings below)

L	R		L	R	
		Shoulder blade more prominent than other			High Shoulder blade
		Obvious curve of spine in upper back			Rib hump
		Obvious curve of spine in lower back			High shoulder
		Obvious curve of spine in area of rib cage			Hip higher than other side
		Waist to arm space greater			Other:

\_\_\_ Rounded back      \_\_\_ Uneven on best test by \_\_\_ degrees

Screener's name (print): \_\_\_\_\_

Check one:    \_\_\_ Volunteer                    \_\_\_ Teacher                    \_\_\_ Clinic Asst.                    \_\_\_ School Nurse  
                   \_\_\_ Health Dept. Employee            \_\_\_ Other (Specify) \_\_\_\_\_

Comments from screener:

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