

ST. BENEDICT
CATHOLIC CHURCH AND SCHOOL



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Scoliosis Screening Notification

January 2017

Dear Parents/Guardians of 5th and 7th grade students,

This year again, the school nurse of St. Benedict will conduct a scoliosis screening of students in **5th and 7th grade**, as mandated by New Jersey State Law 18A:40-23.

The purpose of the scoliosis screening identifies possible spinal curvature, or "scoliosis". Scoliosis is defined as a spinal condition in which the spine may curve to the right or to the left. It is most commonly found during periods of rapid growth and may progress if not treated. The purpose of this screening program is to recognize scoliosis at its earliest stage. If your child is found to have a possible problem, you will receive a Scoliosis Screening Referral letter, and asked to have a further examination by your private physician.

Screening will take place during regularly scheduled physical education classes/gym in January:

- 5A class, January 13th**
- 5B class, January 18th**
- 7A class, January 20th**
- 7B class, January 25th**

In order to ensure maximum privacy, ALL screenings will be done privately, and boys and girls will be screened separately. Then screening itself is quick and simple: The nurse inspects the student's spine with the student standing and then bending forward. In some case, the nurse may place a small level called a "scoliometer" on the student's spine and/or touch the student's shoulder, back, neck and hips. Girls should wear a sports bra, or camisole top. You will be notified **only** if a medical follow-up exam is necessary.

If I do not receive the **exemption / opt out slip** at the bottom of this form by **January 11, 2017**, your child will be screened for scoliosis. In choosing to have your child opt out, your child **will be required** to provide the results from a recent screening, within the last 12 months, for compliance with New Jersey Statute N.J.S.A. 18A:40-23.

Sincerely,

Sharon Horejsi Conroy

Sharon Horejsi-Conroy RN, BSN
School Nurse

EXEMPTIONS/ OPT OUT (Students without an exemption /opt out slip will be automatically screened)
Please return this form to the nurse's office by January 11, 2017.

_____ I do NOT wish to have my child screened at school. I will provide the results of a recent screening to the school nurse in order to comply with New Jersey State Law 18A:40-23.

Student's Name _____ Class _____

Parent/Guardian Signature: _____

Date: _____