



**Elementary School  
Health Office**

Ext. 1343 or 1345  
Fax: (570) 853-3092

**High School  
Health Office**

Ext. 2347  
Fax: (570) 853-3918

**Private Scoliosis Evaluation**

**The PA Department of Health requires each student in grades 6 and 7 to be screened for scoliosis, a potentially severe deformity of the spine. Please have your primary care provider complete a screening and return this report to the School Health Office.**

Student Name: \_\_\_\_\_ Student DOB: \_\_\_\_\_

Provider Report (please check):

- No scoliosis, no x-ray needed
- Possible Scoliosis, x-ray order and follow-up scheduled
- Confirmed Scoliosis, x-ray taken, degree of curvature \_\_\_\_\_, treatment plan in place.
- Other: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_