

North Hunterdon High School
Health Office

1445 Route 31 South
Annandale, NJ 08801

Phone: (908) 713-4171 FAX: (908) 713-4403

Scoliosis Screening Form

A Scoliosis Screening Program is offered to all 9th and 11th grade students who have not had a physical exam during the current school year. Scoliosis screening is biennial in accordance with the Pamphlet Law 2000.c126, September 21, 2000.

If the following information pertains to your son or daughter, please complete and return this form to the NHHS Health Office no later than September 30th

STUDENT'S NAME: _____ GRADE: _____

1. Presently under the care of Dr. _____

Diagnosis: _____

2. Date of last visit: _____

X-rays were taken: Yes No

3. Next scheduled appointment is in _____ months _____ year.



If you do not want your child to participate in this screening at school, please return the bottom section to the Nurse's Office by September 30th. Failure to return this slip will be considered as no objection to the school screening program.

STUDENT'S NAME: _____ Grade: _____

Please be advised that **I DO NOT WISH** the above named student to participate in the scoliosis screening program at school.

PARENT'S SIGNATURE: _____ DATE: _____