

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 you do not want your child to participate in this screening at school, please return this form to the Nurse's Office a.s.a.p. Screenings start during the student's Health class each semester. 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: _____

Thank you for your attention to this detail.
The NHHS Nurses