

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 9<sup>th</sup> and 11<sup>th</sup> 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