

# Georgia Scoliosis Screening Program Refusal Form

Dear Parents:

Within the next few weeks, our school and the local County Health Department will conduct a Scoliosis Screening to find children with suspected curvature of the spine. In Georgia, scoliosis screenings are required by law in at least two grades – sixth, seventh or eighth; we will be screening seventh and eighth grade students.

According to available information, seven to ten children in every 100 may develop scoliosis; and one to three will require treatment. If this condition is detected early and appropriately treated, progressive spinal deformity can be prevented.

Scoliosis Screening is a simple, painless process that only takes about 30 seconds. Girls and boys will simply take off their shirts for the screening; girls and boys will be screened separately. A person trained to recognize scoliosis observes the child's spine—first with the child in a standing position and then with the child bending forward and away from screener. If the child's back, shoulders or hips seem uneven, the screener will recommend further follow-up to determine if scoliosis is present. You will receive by mail a Parent Notification and Referral Form if your child needs to be seen by a doctor for further evaluation for scoliosis.

If you **DO NOT** want your child to be screened as outlined above, complete the information below on the left side of this Form. If you child is already under care for spinal problems, please complete the information below on the right side of this Form. Please return this Form to the school as soon as possible; prior to the scoliosis screening date.

Sincerely,

\_\_\_\_\_  
Principal/Teacher

**I do not want** my child to be screened for Scoliosis

\_\_\_\_\_

Print Name of Student

\_\_\_\_\_

Print Name of Parent/Guardian

\_\_\_\_\_

Name of School

\_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**My child \_\_\_\_\_ is currently** under medical care/observation for spinal problems

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

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

\_\_\_\_\_

Signature of Parent/Guardian