



Livingston PUBLIC SCHOOLS

SCOLIOSIS SCREENING EXEMPTION

Dear Parents/Guardians:

As required by state law, a **SCOLIOSIS** screening for students 10 years and older will be held during the school year.

Scoliosis is defined as a condition of the spine in which the spine may curve to the left or right. It is most commonly found during the time of rapid growth and may progress if not treated. The purpose of the screening program is to recognize scoliosis in its earliest stages.

The procedure for screening will require the removal of clothing to the waistline. Girls may wear a bathing suit or sports bra under their clothing. Students are examined individually.

A student may be **exempt** from this examination only upon receipt of **written request** from a parent or guardian. Please return this form to the school nurse.

If your child is currently under a doctor's care for the treatment of scoliosis, or if you have any questions or concerns about this screening, please call the school nurse.

SCOLIOSIS SCREENING EXEMPTION

I hereby request that _____ **NOT** be included in the
(print student's name)
scoliosis screening being conducted by the school nurse.

Current School: _____

Parent/Guardian Signature

Date