

CODIFICATION REFERENCE NUMBER: 5310

DATE: December 15, 2003

HEALTH EXAMINATIONS (PUPILS)

RESPONSIBILITY:

The school nurse will have the prime responsibility for the implementation of these procedures.

PROCEDURES:

See attached procedures.

HEALTH APPRAISALS OF STUDENTS

6A:16-2.2 Required Student Medical Examinations

- (a) Each district Board of Education shall adopt policies regarding the content and procedures for the administration of student medical examinations, pursuant to N.J.S.A. 18A:40-4.
- (b) Each student medical examination shall be conducted at the medical home of the students, and a full report sent to the school. If a student does not have a medical home, the district shall provide this examination at the school physician's office or other appropriately equipped facility.
- (c) Information concerning a student's HIV/AIDS status shall not be required as part of the physical examination or health history.
- (d) Each student shall be examined as required below.
 - 1. Each student shall be examined upon entry into school. Each district Board of Education shall notify parents of the importance of obtaining subsequent medical examinations of the student at least one time during each developmental stage at early childhood (pre-school through grade three), pre-adolescence (grades four through six), and adolescence (grades seven through 12).
 - 2. A student shall be examined pursuant to a comprehensive child study team evaluation as required by N.J.A.C. 6A:14-3.4.
 - 3. A student shall be examined when applying for working papers pursuant to N.J.S.A. 34:2-21.8.
- (e) The examination shall be documented on a form approved by the Commissioner of Education and include the following components:
 - 1. Immunizations pursuant to N.J.A.C. 8:57-4.1 through 4.6;
 - 2. Medical history including allergies, past serious illnesses, injuries and operations, medications and current health problems;
 - 3. Health screenings including height, weight, hearing, blood pressure, and vision; and
 - 4. Physical examination.
- (f) An annual scoliosis screening shall be conducted for every student between the ages of 10 and 18 pursuant to N.J.S.A. 18A:40-4.3.
- (g) Students who are suspected of being under the influence of alcohol and controlled dangerous substances shall be examined in accordance with N.J.S.A. 18A:40A-12 and N.J.A.C. 6A:16-4.3.

(h) An examination of each candidate for a school athletic squad or team shall be conducted within 365 days prior to the first practice session with examinations being made available by the school physician for those students who do not have a medical home.

1. The medical examination shall include a health history questionnaire, completed and signed by the parent, to determine whether the student:
 - i. Has been medically advised not to participate in any sport, and the reason for such advice;
 - ii. Is under a physician's care and the reasons for such care;
 - iii. Has experienced loss of consciousness after an injury;
 - iv. Has experienced a fracture or dislocation;
 - v. Has undergone any surgery;
 - vi. Takes any medication on a general basis, the names of such medication and the reasons for such medications;
 - vii. Has allergies including, but not limited to: hives, asthma or reactions to bee stings;
 - viii. Has experienced frequent chest pains or palpitations;
 - ix. Has a recent history of fatigue and undue tiredness;
 - x. Has a history of fainting with exercise; and
 - xi. Has a history of a family member who died suddenly.
2. The medical examination shall include a physical examination which includes, at a minimum, the following:
 - i. Measurement of weight, height, and blood pressure;
 - ii. Examination of the skin to determine the presence of infection, scars from previous surgery or trauma, jaundice and purpura;
 - iii. Examination of the eyes to determine visual acuity, use of eyeglasses or contact lenses, and examination of the sclera for the presence of jaundice;
 - iv. Examination of the ears to determine the presence of acute or chronic infection, perforation of the eardrum and gross hearing loss;
 - v. Examination of the nose to assess the presence of deformity which may affect endurance;

- vi. Assessment of the neck to determine range of motion and the presence of pain associated with such motion;
 - vii. Examination of chest contour;
 - viii. Auscultation and percussion of the lungs;
 - ix. Assessment of the heart with attention to the presence of murmurs, noting rhythm and rate;
 - x. Assessment of the abdomen with attention to the possible presence of hepatomegaly, splenomegaly or abnormal masses;
 - xi. Assessment of the back to determine range of motion or abnormal curvature of the spine;
 - xii. Examination of extremities to determine abnormal mobility or immobility, deformity, instability, muscle weakness or atrophy, surgical scars and varicosities;
 - xiii. Examination of the testes to determine the presence and descent of both testes, abnormal masses or configurations, or hernia;
 - xiv. Assessment of physiological maturation; and
 - xv. Neurological examination to assess balance and coordination.
3. The medical report shall include a determination concerning the student's participation from the examining physician, nurse practitioner/clinical nurse specialist, or physician's assistant.
 4. To participate on a school athletic squad or team, each candidate whose medical examination was completed more than 60 days prior to the first practice session shall provide a health history update of medical problems experienced since the last medical examination. This shall be completed and signed by the parent. The health history update shall include the following information:
 - i. Hospitalization/operations;
 - ii. Illnesses;
 - iii. Injuries;
 - iv. Care administered by a physician of medicine or osteopathy, advanced practice nurse or physician's assistant; and
 - v. Medications.

5. Each district shall provide written notification signed by the district school physician to the parent or legal guardian stating approval of the student's participation in athletics, based upon the medical report pursuant to (h)3 above, or the reasons for the school physician's disapproval of the student's participation. The health finds of the medical examination for participation shall be made part of the student's health record and shall be documented on a form issued by the Commissioner of Education.
6. The health findings of the medical examination shall be maintained as part of the student's health record.

EXEMPTIONS FROM PHYSICAL EXAMINATION

Any student whose parent/guardian claims in writing that a medical examination interferes with the free exercise of religious beliefs, shall be examined only to the extent which would determine whether the student is ill or infected with a communicable disease or which would determine fitness to participate in any health, safety, or physical education course required by law.

The school physician or private family physician will complete the physical examination and will specify any defects noted. The results of the exam::

- Will be noted on the health examination record card and the permanent health record;
- Will be referred to the parent/guardian for medical follow-up.

Medical clearance will be required from the private physician in order to allow participation in physical education.

PHYSICAL EXAMINATION FOR WORKING PAPERS

Students seeking employment as minors must have a physical examination by the school physician or other physician licensed in the State of New Jersey. A statement must be signed by the private physician indicating that the student is physically fit for the specific employment. If there are limitations, they should be clearly stated on the certificate. Physical examinations recorded on the student's school health record are valid for working paper certification for no longer than one school year.

PROCEDURES FOR COMPLETING HEALTH ASSESSMENT AND MEDICAL EVALUATION WHEN A CHILD HAS BEEN REFERRED TO THE CHILD STUDY TEAM

New Referral:

1. The case manager of a newly referred student shall meet with the school nurse to discuss the referral and the "evaluation plan" and to request that a Health Assessment be completed.

2. The special services secretary will forward an updated Evaluation Status Summary to the school nurse. This Evaluation Status Summary will show the referred student's name and potential classification due date and the designated advocate.
3. The school nurse will conduct both an audiometric and vision screening of each referred child; she will complete the Health Assessment in consultation with the parent.
4. The school nurse will have the parent make an appointment with the Bernards Township school physician or another physician of his/her choice to complete the student Medical Evaluation. The school nurse will send the Health Assessment to the special services secretary and to the physician who will do the Medical Evaluation. The nurse will also tell the special services secretary the name of the physician who will do the Medical Evaluation. The school physician's Medical Evaluation will be provided at no cost to the parent. However, if the parent decides to have the Medical Evaluation performed by another physician, the Bernards Township Board of Education will not be financially responsible. Any tests and/or immunizations which are not part of the approved Medical Evaluation form will not be considered to be the financial responsibility of the Bernards Township Board of Education whether done by the Township school physician or any other physician.
5. The school nurse will have the physician's Medical Evaluation form returned to her. She will immediately give a copy of the Medical Evaluation to the special services secretary. She will also share a copy of the Medical Evaluation with the Child Study Team at its mini conference. The date of the mini conference will be communicated to the nurse two weeks.

Reevaluation:

The procedures stated above should be followed. The health assessment for a child about to be reevaluated is not automatic. The need to do this assessment will be made by the nurse and the child study team. If one is necessary it will be noted in the child study team evaluation plan. Step 3 may be modified for out-of-district children-our school nurse may arrange for the nurse at the out-of-district school to do the audiometric and vision screening. The results should be included in our Health Assessment.

AUDIOMETRIC SCREENING

Screening for hearing may be done by the school physician or the school nurse. The following students will be screened:

- All students in preschool programs, kindergarten, and grades 1, 2, 3, 4, 6, 8, and 10.
- Students new in the district with no available record of hearing screening.
- Students referred by the child study team.
- Students at risk for hearing impairment.
- Students referred by a teacher, parent or self.
- Students with a history of hearing impairment, with the consent of the parent.

Screening Procedure

- The equipment used is a Beltone Audiometer.
- The screening room should be a quiet environment.
- Test machine on yourself first.
- Seat student with back to examiner.
- Instruct student to place the red ear phone on the right ear and the blue ear phone on the left ear, removing earrings if necessary and push hair back.
- Set hearing level dial at 40 dB and frequency at 1000Hz.
- Present the tone briefly.
- After the pupil responds correctly, set the hearing level dial at 20dB and present 500Hz, 1000Hz, 2000Hz, 3000Hz, 4000Hz. Note pass or fail.
- Repeat other ear.

Retesting and Referrals:

- Rescreen within 4-6 weeks when a pupil fails to respond to any one frequency in either ear.
- If the pupil fails the same frequency in the same ear in retesting, a referral should be made to the parent/guardian for further evaluation.
- It is recommended that the physician seen be an otolaryngologist and that a record of medical follow-up from the physician be received by the health office.
- In the event that the physician recommends educational assistance, referral for audiometric and educational evaluations will be made through the office of special services.
- Consultation with parents, teachers, and student will follow in an attempt to aide the students' adjustment in the classroom.

The hearing impaired student---

The following suggestions for the regular classroom teacher should be made available to all faculty involved with teaching hearing impaired students:

- The hearing impaired child should be placed for each teaching session so there is face-to-face visibility of the teacher's speech movements. The child should be free to change positions as needed.
- Natural gestures (not exaggerated) should supplement oral presentations.
- When referring to something in the room, one can point to it, nod in its direction, glance at it, or walk over and touch it. When discussing something in the room, the teacher should manipulate it if possible to synchronize with what is being said.
- Care should be taken not to talk with one's face turned downward to read notes, or hidden by a book, papers, or hands, or turned to the chalkboard while writing.
- Hearing impaired students cannot take notes while they watch the faces of their teachers and fellow students. If note taking is necessary, one way to help is to arrange for two hearing students to make carbon copies of their notes to give to the hearing impaired classmate.
- Hearing impaired pupils can be expected to accept the same responsibilities for considerate behavior, homework, and dependability as are required of others.

- Some pupils, including hearing impaired pupils, have learned to look attentive and appear to understand when they do not. Questions directed to the hearing impaired pupils can ascertain whether or not they are really tuned to what is being said.
- Assignments should be written on the board or be duplicated for distribution to all pupils.
- Be aware that reduced lighting in the room such as during film watching will make it difficult for the child to lipread.
- Glare from windows may interfere with the child's watching the speaker's face.
- Standing too close to the child will make him tilt his head and cause strain and fatigue while watching you.
- Written handouts will help the hearing impaired child cover information he might have missed orally.
- A hearing impaired child may ask you to repeat to make sure he knows what is going on. Be patient.
- Remember that there are all degrees and several kinds of hearing losses. Therefore, each hearing impaired child will be different.
- Encourage the child with a hearing loss to let you know when he misunderstands what you have said. Then rephrase your statement using different words and short simple sentences.
- To help the child understand the meaning of a new word, use it in a sentence and then ask related questions requiring more than a yes or no answer.
- Help the child get meaning from words that look or sound alike by using the word in the context of a sentence.

VISION SCREENING

Screening for vision may be done by the school physician or school nurse.

The following students will be screened:

- All students in preschool, kindergarten, and grades 1, 2, 3, 4, 6, 8, and 10.
- Students new in the district with no available record of previous vision screening.
- Students referred by the child study team.
- Students with impaired vision in regular classes who are not under the supervision of an appropriate practitioner or clinic.
- Any student referred by parent/guardian, teacher, or self.

Screening Procedure:

- The Titmus School Vision Tester will be used.
- The student will be tested for far acuity, near acuity, color perception, depth perception, and binocular vision.
- Results of the vision screening will be recorded on the health record.
- Failure in any of the areas in #2 would necessitate a referral.
- The parent will be notified by phone and in writing of the need for medical attention.
- A follow-up report from parent/guardian of the physician's diagnosis will be requested.

Special Considerations:

- Inspect classroom environments for adequate light free from glare.

- Chemical laboratories should be free from pollutants that may irritate the eyes.
- Shop areas must provide safety goggles or other protective eye devices.
- Be sure to ascertain if the student wears contact lenses.
- If the student wears glasses, his eyes should be checked with glasses first.
- Color vision deficiencies and lack of depth perception can effect classroom work and are important in making vocational choices.
- Some eye disorders may require preferential seating, special considerations, and excuse from physical education.
- Some students refuse to wear eye glasses because of social stigma.
- Many high school students undergo an eye examination as part of obtaining a driver's license.
- Encourage preschool screening in all day care centers, nursery school and preschool programs.

TUBERCULOSIS SCREENING

AUTHORITY: N.J.S.A. 18A: 16-2 and 18A: 40-16 N.J.A.C. 6:29-4.2

6:29-4.2 Testing for tuberculosis infection

The following are rules of the State Department of Education concerning testing for tuberculosis infection by district boards of education for implementation of N.J.S.A. 18A: 16-2 and 40-16.

- The Mantoux intradermal tuberculin test using five T.U. (Tuberculin Units) of PPD tuberculin shall be the only skin test used to detect evidence of tuberculosis infection in pupils and employees.
- The only pupils who shall be tested are those in grades and schools identified and/or under circumstances specified by the State Department of Health based upon the high incidence of tuberculosis or reactor rates in the communities or population groups concerned.
- In every school district, a Mantoux intradermal tuberculin test shall be given upon employment to all newly hired employees (full-time and part-time), all student teachers, school bus drivers on contract with the district and other persons who have contact with pupils. An employee with a documented Mantoux test administered within the previous six months does not have to be re-tested. An employee transferring between school districts within New Jersey would not have to be tuberculin tested if there is a documented record of a Mantoux tuberculin skin test being administered upon his or her employment in a New Jersey public school.
- Any pupil or employee shall be exempt from these requirements upon presentation of documentation of a prior significant reaction evidenced by vesiculation following the administration of a multiple puncture tuberculin test or a significant reaction (that is, 10 mm or more of induration) following a Mantoux intradermal tuberculin test with five tuberculin units of stabilized PPD tuberculin. Any other exemptions from these requirements shall be because of medical contraindicating subject to review by the medical inspector.
- All tuberculin reactors as defined in 4 above shall be referred to the family physician and appropriate official health agency for necessary follow-up. The following shall constitute standards for referral:

- (a) If there is documentation showing that vesiculation resulted from a previous multiple puncture test, the individual shall be recorded as a significant tuberculin reactor, and no further tuberculin testing is required;
 - (b) If the reaction to the Mantoux intradermal tuberculin test is between five to nine mm of induration, it shall be repeated on the other arm. If the result of the second Mantoux intradermal tuberculin test is also five to nine mm of induration, the individual shall be recorded as tuberculin not significant. If the result of the second Mantoux test shows 10 or more mm of induration, the individual shall be recorded as a significant tuberculin reactor, and no further tuberculin skin testing is required.
- A chest X-ray shall be administered to all pupils, employees and other personnel who have a significant reaction to a Mantoux intradermal tuberculin test as defined in 4 above.
 - All pupils, employees and other personnel required to have a chest X-ray shall be referred to their family physician or other medical facility for the necessary medical evaluation, including a chest X-ray. If the physician's report is not received by the school physician within four weeks, or if the school physician is unwilling to accept the findings, the pupil, employee or other persons who have contact with the pupil shall have a chest X-ray examination in the manner prescribed by the district board of education.
 - If the chest X-ray of a significant tuberculin reactor is negative for evidence of tuberculosis, chemoprophylaxis or preventive therapy, with at least six months of Isoniazid (INH) is strongly recommended.
 - A tuberculin reactor who is certified in writing by a licensed physician to have completed six months of preventive treatment (chemoprophylaxis) with isoniazid(inh) shall not be required to undergo any further testing for tuberculosis.
 - Employees and pupils who have a significant reaction to the Mantoux intradermal tuberculin test and an initial chest X-ray that was negative, or who present a medical certificate from a licensed physician showing a significant tuberculin reaction and a subsequent negative chest X-ray, shall require no further tuberculin skin testing for tuberculosis infection.
 - The reporting of the testing for evidence of tuberculosis infection by each district board of education shall be as follows:
 - (a) The name and address, grade (of pupils), age and school of all newly discovered significant tuberculin reactors, chest X-ray results and prescription of preventive therapy are to be reported immediately upon discovery to the New Jersey State Department of Health, and to the local health department or local tuberculosis control center, on a special form provided for this purpose so that the appropriate tuberculosis control measures can be instituted;
 - (b) At the end of the annual tuberculosis testing program for staff and in grades and schools as specified by the New Jersey State Department of Health, the following information shall be reported to the New Jersey State Department of Health, and the local health department or tuberculosis control center, with one copy to be retained by the district board of education:
 - The number of Mantoux tuberculin tests performed by grade and school, on pupils, employees and other persons who have contact with pupils;
 - Mantoux tuberculin test results;

- X-ray findings;
- Number of pupils and employees for whom Isoniazid prophylaxis was prescribed; and
- The name, address, date of birth, school and grade of each significant tuberculin reactor found as a result of the Mantoux intradermal tuberculin testing program.

Screening Procedure:

Type: Mantoux - the left forearm should be used, if right is used, the record should so indicate. Cleanse with equal parts acetone and 70% alcohol. Use disposable syringes and needles.

Reading: within 48-72 hours after administering. Discrete papules (raised areas of induration) the diameter of the largest single papule is recorded. When papules coalesce, the largest diameter is read. Read the reaction 48 to 72 hours after administration by gently stroking the area with a finger. The size of the reaction must be measured and the transverse diameter recorded in millimeters of induration. Induration is defined as hardness, which should be palpated to determine its extent. It must not be confused with swelling or redness.

Interpretation of Reading:

The diameter of induration (area of hardness) should be measured transversely to the long axis of the forearm and recorded in millimeters. Erythema or redness and edema or swelling without induration are without significance. If a reaction of 5-9 mm occurs, the test must be repeated, on the right forearm in accordance with N.J.A.C. 6:29-4 induration 0-9 mm is not considered significant. Those with induration of 10 mm or more are counted as reactors on form T.B.-57.

Referral and Report to Family Physician:

Pupils, employees or other personnel with significant tuberculin reaction must be referred to their family physician or to an appropriate health facility for follow-up, including a chest x-ray. Four weeks should be allowed for the family physician to report his findings to the school health services. If no report is received by the end of four weeks, or if the school physician does not agree with the family physician's findings, the pupil, employee or any other person in contact with pupils shall receive a chest x-ray examination in the manner prescribed by the school district, as required by the rules of the State Department of Education N.J.A.C. 6:29-4.2.

Required Reports:

T.B.-42 Report of Significant Tuberculin Reactor

List the name, address, birth date, sex and grade or employee status of all persons with significant tuberculin reactions. Copies of the completed form will be distributed within one week after completion of the program to the State Department of Health. Copies will be sent to the local public health authority or tuberculosis control unit and one copy will be retained by the school health officer.

T.B.-57 Annual Report of Tuberculin Testing

In January the aggregate data from the fall tuberculin testing will be sent on this report form to the State Department of Health, County Office of Education, N.J. State Department of Education, and to the local health department or tuberculosis control agency. One copy will be retained by the local district.

SCOLIOSIS SCREENING

Screening for scoliosis, lateral curvature of the spine, is mandated by the State of New Jersey. The objectives of the program are early identification and referral to the family physician or an appropriate clinic for care and supervision. Early detection and treatment often mean that the curvature can be controlled.

Annually, all students ages 10-18 will be initially screened in their physical education or health classes by physical education personnel and/or the school nurse.

Exemptions: (N.J.A.C. 18A:40-4.4)

Any pupil shall be exempt from the examination upon written request of a parent or guardian. A letter describing the scoliosis examination program and exemption proceedings will be distributed to all students ages 10-18 years, several weeks prior to the examination.

Implementation of Program:

Physical education teachers who have been specially trained in the screening of students for scoliosis will be reappraised of the procedures yearly:

- Briefly explain scoliosis screening procedures to your class.
 - (a) Opposite sexes will be screened separately and in private.
 - (b) Students will be required to wear gym clothes and to remove shirts for screening.
 - (c) Female instructors will screen boys and girls.
 - (d) Male instructors will screen boys only.
- Provide students with notification to parents
- Inform students when scoliosis screening will take place.
- Class lists will denote students who:
 - (a) are under treatment for scoliosis;
 - (b) are excused by parent/guardian.
 - (c) will be checked by their own physician for scoliosis.
- Make list of referred students
- Follow up on absentees.
- The school nurse will re-screen all referrals prior to the school physician's examination.

Screening Procedure:

- Pupil will stand with back to screener with clothing loosened or removed to expose back. Screener will check for the following:

- (a) Unequal shoulder levels
 - (b) Symmetry of scapulae
 - (c) Symmetry of flanks
 - (d) Uneven or greater crease at one side of waist
 - (e) Unequal distance between body and the elbow when both arms are hanging straight down from shoulder.
- Pupil will face screener and bend at 90E at the waist, feet together, knees straight, and arms hanging in front with palms together. Screener will sit facing pupil and check the following:
 - (a) Rib hump (one side of upper back higher than the other side).
 - (b) Hump in both upper and lower back.
 - (c) Levels of the back on both sides of the spine.
 - Pupil will turn to the side, bend while screener checks symmetry of both sides of the spine and looks for a smooth continuous curve of spine.

Referral Procedure:

The school nurse will make the decision to refer a student for scoliosis examination by the school physician.

Students to be examined by the school physician will be scheduled to be seen by the physician. The school physician makes the final decision to refer the student.

The parent/guardian of each student suspected of a problem will be notified by letter. A form for the examining physician to record findings and make recommendations will be sent with the letter. This report should be returned to the school nurse.

Referral and follow-up data will be recorded on the student's health record.

Reporting:

The school nurse will file the required yearly report with the New Jersey State Department of Education.

PARENT NOTIFICATION OF SCOLIOSIS SCREENING

Dear Parent(s)/Guardian(s):

There will be a screening program for scoliosis for all pupils, ages ten through eighteen, as required by law.

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.

A pupil may be exempt from this examination if requested by the parent/guardian in writing.

You are invited to be present if you desire. However, you will need to complete the form below, so that you can be advised of the time to be present. Whether or not you are present, you will be informed of any suspect problem.

Sincerely,

Principal: _____

Name of Pupil: _____

Signature of Parent/Guardian

I wish to be present at the time of screening _____ Yes _____ No

NOTIFICATION TO PARENT OF PUPIL WITH POSSIBLE SPINAL PROBLEM

Date:

Dear Parents:

On _____ we wrote to you explaining that we would be conducting a spinal screening program to detect possible spinal problems in children. A trained examiner examined your child's spine and has recommended further evaluation by your family physician or pediatrician.

We would like to emphasize that it is important to have a complete examination to determine what kind of treatment might be needed.

If you do not have a physician, we suggest that you call your school nurse. She can assist you in making an appointment to receive proper follow-up and will give you information concerning services available for financial assistance if needed.

The enclosed form should be presented to your physician at the time of your child's examination with the request that it be completed and returned to the school nurse as soon as possible.

The importance of proper follow-up for this matter cannot be emphasized too much. Thank you for your cooperation which is essential.

Sincerely,

Signature

Phone Number

PHYSICIAN'S SCOLIOSIS REPORT

Name _____ Birth Date _____ Age _____

Sex M _____ F _____

Parents _____ Address _____

School _____ Grade _____

County _____ Family Physician _____

HISTORY

Prior Awareness: No _____ Yes _____ How Long _____

Symptoms, Complaints: _____

Family History of Scoliosis Yes _____ No _____
(If "yes", indicate relationship)

Remarks _____

Under Care Prior to Screening _____

X-RAY REPORT
(If X-ray is indicated)

- Results:
- 1. Negative _____
 - 2. Scoliosis _____
 - a. mild _____
 - b. moderate _____
 - c. severe _____
 - 3. Kyphosis/Lordosis _____
 - 4. Other _____

RECOMMENDATIONS

1. Discharged on _____
Date

2. Rescreen _____
Date

3. Repeat AP Standing X-Ray _____
Date

4. Refer for Orthopedic Evaluation _____

Date

Physician's Signature

**New Jersey Department of Education/Department of Health
ANNUAL SCOLIOSIS SCREENING REPORT**

County Code _____

School(s) _____

District Code _____

(Use codes) _____

SECTION A

SECTION B (follow-up)

Ages	Screening Results					Number X-Rayed	Physician's Findings				Treatment			Discharge
	Total Screened	Total Not Screened	Referral Old	Referral New	Questionable Not Referred		Mild	Moderate	Severe	Other	Brace	Surg.	Other	
10-14														
15-18														
Total														

1. Complete Section A as soon as program has been completed.
2. The Number Not Screened should represent those pupils for whom a parental request to omit screening was received.
3. Old means previously identified.
New means identified through this screening.
Questionable indicates pupil will be watched and screened again within three months.

4. Section B contains the follow-up of the screening program and can be completed from the responses from parents and physicians.

5. Complete and return by _____

Mail original copy to:

N.J. State Department of Health
Community Health Services
Special Child Health Services
CN 364, Trenton, New Jersey 08625

Retain yellow copy for your files.

Nurse

Date

School Administrator