

**TO: PARENTS / GUARDIANS OF \_\_\_\_ GRADE STUDENTS**

**FROM: THE SCHOOL NURSE**

**SPINAL PRESCREENING NOTIFICATION**

Maine Law, Title 20-A, Section 281, requires that all female students in 6th and 8th grades, and all male students in 8th grade, receive a spinal screening to find children with possible spinal curvatures. The law does not apply to any child whose parent(s) or guardian(s) demonstrate(s) by written statement his or her philosophical, religious or personal objection. \_\_\_\_ grade students will be screened by the SCHOOL NURSES on \_\_\_\_\_.

The purpose of this screening is to detect the signs of scoliosis and kyphosis at the earliest stages so that the need for treatment can be determined. Scoliosis is a sideways curvature of the spine. It is usually detected in childhood or early adolescence. Kyphosis, sometimes called “round back,” is an exaggerated rounding of the spine and is often confused with poor posture. Many cases of curvature or rounding are mild and require only ongoing observation by a physician after they are first diagnosed. Mild curvatures are often noticeable only to those trained in detecting spinal abnormalities. Other curvatures may become progressively more severe as the child grows and require treatment.

The procedure for screening is simple. The school nurses will look at your child’s back while he or she stands and bends forward. The students will be examined individually. Boys should wear a shirt that can be easily removed. Girls should wear a bathing suit, bra or halter top beneath a sweater or shirt.

Parents will be notified ONLY if a follow-up examination is believed advisable.

If you DO NOT WISH TO HAVE YOUR 8TH GRADE STUDENT SCREENED, YOU MUST RETURN A SIGNED EXEMPTION FORM to the nurse’s office before the above dates. (See exemption form at bottom of this page.)

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**REQUEST FOR EXEMPTION FROM SPINAL SCREENING**

I DO NOT WANT my child \_\_\_\_\_ to have his/her  
(print child’s name)

back screened for signs of curvature, due to philosophical, religious, or personal reasons.

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

Note: If you have any questions regarding spinal screening please do not hesitate to call the school nurse based at your child's school.