



Spinal Screening Completed by the Student's Health Provider

Date: _____ School: _____ Grade _____

Student: _____ Birthdate: _____

The State of Texas requires a spinal screening exam for girls at ages 10 and 12 and boys at age 13-14. (25 TAC. §37.142-144).

Please have your student's licensed healthcare professional complete and sign this form and return to the school nurse.

Screening Findings:

L	R		L	R	
—	—	High Shoulder	—	—	Rib Hump
—	—	Prominent Shoulder Blade	—	—	Obvious lower spine curve
—	—	Obvious rib cage curve	—	—	One hip higher than other

Other: _____

Professional Examination Report:

Date: _____

Recommendations:

- No Treatment
- Treatment
- Observation Only
- Brace

Surgery

Other (describe) _____

Referral (describe) _____

Activity limitation if needed: _____

Doctor's Signature: _____ Date: _____