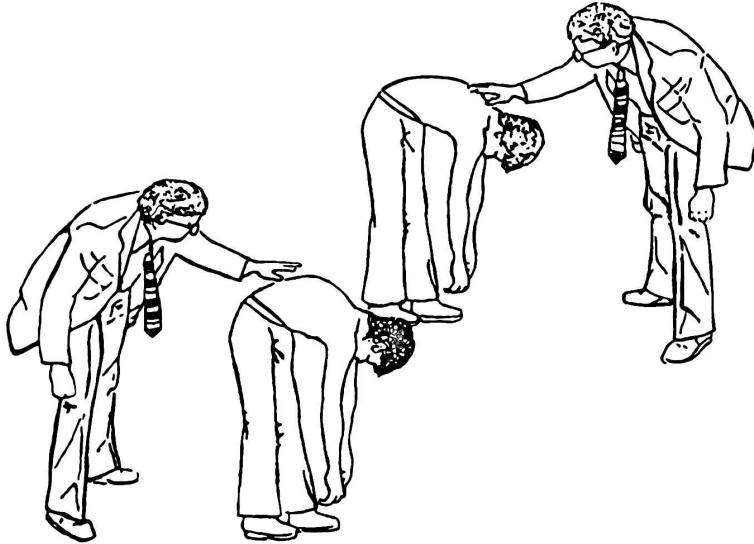


Dear Physician:

Pennsylvania Department of Health regulations require each child in grades 6 and 7 and age appropriate (11 and 12 years of age) children in ungraded classes to be screened for scoliosis.

By using the method depicted below, a possible spinal curvature was noted on this student. Please note your findings on the checklist below.



OBSERVATIONS AT SCREENING

1. Rib/Hump Lumbar Rotation
 - Right Thoracic Rib Hump
 - Left Thoracic Rib Hump
 - Right Lumbar Rotation
 - Left Lumbar Rotation

2. Other Orthopedic Conditions
 - Pelvic Level
 - Right iliac crest higher
 - Left iliac crest higher
 - Kyphosis
 - Lordosis
 - Other

PHYSICIAN'S FINDINGS

EXAMINATION (Please check)

1. Scoliosis confirmed.....
* X-ray taken
Degree of curve (specify) _____
2. Possible scoliosis.....
No X-ray taken
3. No scoliosis.....
X-ray taken
4. No scoliosis.....
No X-ray taken
5. Other orthopedic conditions.....
Confirmed

RECOMMENDATIONS (Please check)

1. Will observe.....
2. Recommend bracing
3. Recommend surgery
4. Discharged
5. Comments _____

Signature _____

Physician (print) _____

Date _____

* Single erect AP X-ray for baseline recommended by the American Academy of Orthopedic Surgeons.