

SCOLIOSIS SCREENING NOTIFICATION

Dear Parent/Guardian:

School law requires that a screening for scoliosis be performed on all children in grades 6 and 7. The _____ School District will conduct a scoliosis screening program on _____.

The purpose of the screening program is to detect possible curvature of the spine in children. If the condition is detected early and appropriately treated, progressive spinal deformity may be prevented.

The screening test is very simple and can be performed in less than a minute. A trained screener will check your child's back by observing it while your child is standing and bending forward. You will be contacted if there is any reason to have your child examined by your pediatrician, family physician, or orthopedist.

To assure a view of the spine, we will request that students expose their backs during screening. It is recommended that boys wear a shirt that can be easily removed. Girls should wear a bra, bathing suit top, or halter top under a blouse or sweater.

Your cooperation is essential to help us make the program run smoothly. If you have any objections to having your child participate in the screening program, please inform the school nurse in writing on or before _____.

Sincerely,

School Nurse Signature: _____

Printed Name: _____

Phone / e-mail: _____

脊柱侧弯筛查通知

尊敬的家长/监护人：

学校法律要求对 6 年级和 7 年级的所有儿童进行脊柱侧弯筛查。

校区将于 _____ 日实施脊柱侧弯筛查计划。

此项筛查计划的目的是检测儿童可能存在的脊柱侧弯情况。如果及早发现并适当治疗，则可预防进行性脊柱畸形。

筛查测试非常简单，可以在不到一分钟内完成。训练有素的筛查人员将让孩子站立并向前弯腰，通过观察来检查孩子的背部。如有任何理由需要让您的儿科医生、家庭医生或骨科医生对孩子进行检查，我们将与您联系。

为了确保观察到脊柱，我们将要求学生在筛查过程中露出背部。我们建议男孩穿一件易于脱掉的衬衫。女孩应该在衬衫或毛衣下穿戴胸罩、泳装上衣或绕颈系带上衣。

您的配合对帮助我们顺利推进此项计划至关重要。如果您对让孩子参加此项筛查计划有任何异议，请以书面形式在 _____ 日前告知学校护士。

此致，

学校护士签字：

打印姓名：

电话/电子邮箱：