



## Readington Middle School Health Office

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### SCOLIOSIS SCREENING NOTIFICATION / OPT-OUT FORM

Dear Parent/Guardian,

New Jersey law requires that all public school students age ten through eighteen be screened for scoliosis every other year. The purpose of this screening program is to recognize scoliosis in its earliest stages.

Scoliosis is defined as a condition of the spine in which the spine curves to the left or right. It is commonly found during a time of rapid physical growth and may progress if not treated. Curvatures can often be controlled if detected early.

**Scoliosis screening will take place during physical education classes beginning on January 4th, 2021 .** Girls should wear a tank top or another piece of fitted clothing under their gym shirt so the entire spine can be viewed. (During the screening process, boys and girls will be asked to remove their gym shirts.) Students will be screened separately and privately in the health office/private area of the gym. If your child has any degree of curvature, you will be notified in writing, to seek further medical evaluation.

If you **do not** want your child to be screened by the school nurses, you must complete the form below and return it to us by \_\_\_\_\_. You may also email us at the address above to opt out.

Sincerely,

Diane Krasovec, RN & Maureen Sjonell, RN

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**READINGTON TOWNSHIP PUBLIC SCHOOLS**  
Scoliosis Screening Opt-Out Form

I **do not** want my child \_\_\_\_\_ screened for scoliosis.

My child is already under care or treatment for scoliosis: \_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date