

SCREENING FORM

Grade (circle): 6 7 8 Other: _____

Primary screening date: ____/____/____ Homeroom: _____

Student's last name: _____ First name: _____ M.I.: _____

Date of birth: ____/____/____ Race/ethnicity: _____ Female Male

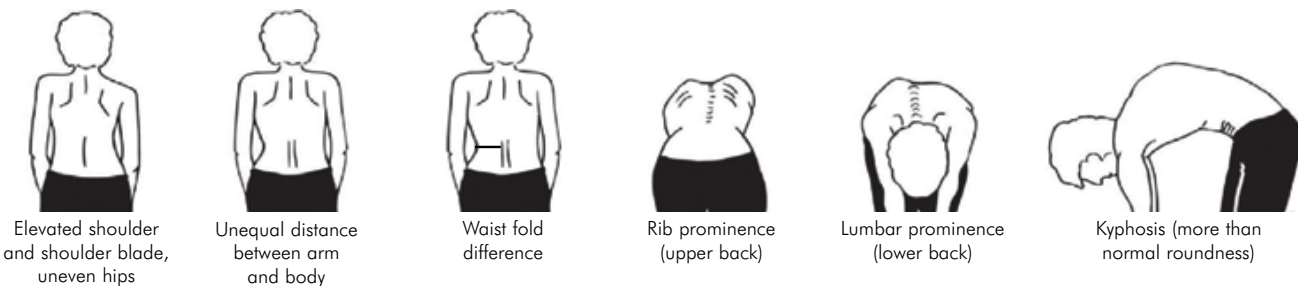
Name of parent/guardian: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phones: Home (____) ____-____ Work (____) ____-____ Cell (____) ____-____

Name of school: _____ District: _____



	Primary screener		Secondary screener	
	Left	Right	Left	Right
Front				
Shoulder elevated				
Unequal distance arm to body				
Uneven hips				
Rib prominence				
Lumbar prominence				
Back				
Shoulder elevated				
Shoulder blade elevation/prominence				
Waist fold difference				
Unequal distance arm to body				
Rib prominence				
Lumbar prominence				
Side				
Kyphosis—more than normal roundness	Yes	No	Yes	No

Negative _____ Refer for second screening _____

Screener's name (print) _____

Check one: School nurse Teacher Volunteer

Clinic assistant Other: _____

Screener notes:

Secondary screening date: ____/____/____

Negative _____ Referred _____

Screener's name (print) _____

Check one: School nurse Health professional

Other: _____

Screener notes: