



Scoliosis Screening Release Form

The Florida Department of Education requires a Scoliosis Screening for **all 6th graders** in accordance with Section 1003.22 (4), Florida Statutes, and State Department of Health Rule 64F-6.003, Florida Administrative Code.

Please have your student receive this screening through their General Practitioner or Pediatrician and return the Scoliosis Screening Release Form to the school office prior to the first day of school.

Date: _____

Name of Child: _____ DOB: _____

To be completed and signed by Health Care Provider ONLY:

The child named above has had a completed Scoliosis Screening on the following date with the listed results:

Screen Date: _____

Screening Results: _____

Signature/ Title of Health Care Provider: _____

Date: _____

Name (Please print or stamp)

Address (Please print or stamp)