

Commonwealth of Virginia  
Department of Education  
Annual Scoliosis Report

School Division:

Date:

Name of School:

Person Completing Form:

Title or Position:

**RESULTS OF MEDICAL EXAMINATION OF REFERRED STUDENTS FROM THIS YEAR'S SCREENING PROGRAM.**

GRADE LEVEL AND SEX	NUMBER SCREENED	NUMBER SCREENED WITH SUSPECTED FINDINGS & REFERRED THIS SCREENING	NUMBER OF RESPONSES TO REFERRAL	NUMBER SEEN BY PHYSICIAN AND REPORT INDICATES NO SIGNIFICANT FINDINGS	RESULTS OF MEDICAL EXAMINATION OF REFERRED STUDENTS							PREVIOUSLY DIAGNOSED AS SCOLIOSIS AND UNDER TREATMENT AT THIS TIME- IDENTIFY TYPE OF TREATMENT ON BACK OF FORM	NO RESPONSE TO REFERRAL
					NUMBER SCOLIOSIS CASES DIAGNOSED	NO TREATMENT PRESCRIBED	REVIEW AS REQUESTED BY PHYSICIAN	EXERCISE AND/OR PT	BRACING	SURGERY	OTHER CONDITIONS DIAGNOSED ( LIST ON BACK)		
1	2	3	4	5	6	7	8	9	10	11	12	13	14
5M													
5F													
6M													
6F													
7M													
7F													
8M													
8F													
9M													
9F													
TOTAL													

**Numbers in columns 7, 8, 9, 10, and 11 should equal number in column 6.**

**Numbers in columns 5, 6, and 12 should equal the number in column 4.**

**Submit completed form to the school nurse coordinator who will compile the local school division's aggregate report. Submit one copy to the building principal for informational purposes.**

**The school nurse coordinator should compile an aggregate report and submit it to the school health specialist at the Virginia Department of Education by the last day of school. A copy of the report should be sent to the superintendent of the school division for informational purposes.**

**Return to: Tia Campbell, School Health Specialist, Virginia Dept. of Education, P. O. Box 2120, 20<sup>th</sup> Floor, Richmond, VA 23218.**