



SPINAL SCREENING RECORD

CHILD'S NAME: _____

DATE OF BIRTH: _____ AGE: _____

Required for girls age 10 and 12 and boys age 13 or 14.

Please have your physician complete a Spinal Screening and sign below.

Spinal Screening Findings

L R

- High shoulder Round back
- Rib hump
- Shoulder blade stands out more than the other
- Obvious curve of spine in lower back
- Obvious curve of the spine in area of rib cage
- Hip higher than the other side

Other: _____

NORMAL REFERRED

Physician's Signature

Date

Physician's Name:

Address:

Phone Number:

Parents may upload documents on Procare, email them to school@firstpres-ep.org, or turn them in at the school office.

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