



ST. BERNADETTE SCHOOL

POSTURAL SCREENING NOTIFICATION & REFUSAL

THE SAINT BERNADETTE SCHOOL WILL BE PARTICIPATING IN THE ANNUAL STATE MANDATED POSTURAL SCREENING IN GRADES 5-8. THE SCREENING WILL BE SCHEDULED FOR YOUR CHILD WITHIN THE NEXT FEW WEEKS. THE PURPOSE OF THIS EXAM IS TO SCREEN FOR EARLY SIGNS OF SPINAL PROBLEMS IN CHILDREN. IT IS NOT A DIAGNOSTIC SERVICE BUT A PROGRAM TO IDENTIFY IF FURTHER MEDICAL EVALUATION IS NEEDED.

IF YOUR CHILD HAS ANY UNUSUAL FINDINGS, YOU WILL BE NOTIFIED AND ASKED TO FOLLOW UP WITH YOUR CHILD'S PEDIATRICIAN AS A PRECAUTION. THE MAJORITY OF STUDENTS EXHIBIT NO FINDINGS. IF NOTHING UNUSUAL IS FOUND, WE WILL NOT BE CONTACTING YOU AGAIN UNTIL THE SCREENING NEXT YEAR.

FEMALE CHILDREN ARE ASKED TO WEAR A SPORTS BRA, HALTER TOP, OR A SWIMSUIT TOP ON THE DAY OF THE SCREENING. THESE ITEMS CAN BE WORN UNDER THE SCHOOL GYM UNIFORM ALLOWING FOR A MORE ACCURATE OBSERVATION OF THE BACK DURING THE SCREENING PROCESS. YOU WILL BE NOTIFIED VIA "THE FRIDAY VIRTUAL" THE WEEK BEFORE WE WILL BEGIN SCREENINGS FOR YOUR CHILD'S GRADE.

PLEASE SIGN THE FORM BELOW IF YOUR CHILD:

- HAS ALREADY BEEN SCREENED WITHIN THE YEAR
- IS FOLLOWED BY A PHYSICIANS FOR KNOWN SPINAL PROBLEMS
- YOU DO NOT WISH FOR YOUR CHILD TO PARTICIPATE IN THE POSTURAL SCREENING

IF YOU HAVE ANY QUESTIONS REGARDING THE SCREENING OR IT'S PROCESS, YOU MAY CONTACT MRS. SHARP OR MRS. EDMANDS IN THE HEALTH OFFICE @ 508.351.2945.

THANK YOU

ROBYN SHARP, RN (RSHARP@STB-SCHOOL.ORG)

ANDREA EDMANDS, RN (AEDMANDS@STB-SCHOOL.ORG)

MY CHILD, _____

WILL NOT PARTICIPATE IN THE POSTURAL SCREENING PROTOCOL.

PARENT/GUARDIAN SIGNATURE _____ DATE _____