

### 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

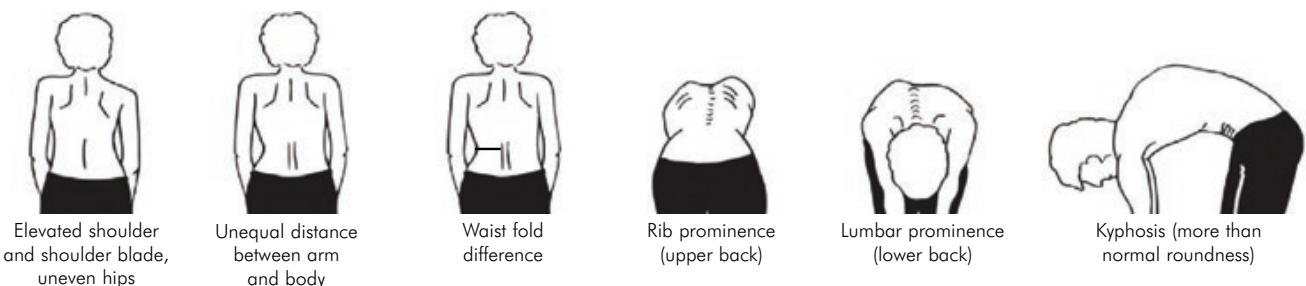
Name of parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Home (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_

Name of school: \_\_\_\_\_ District: \_\_\_\_\_



	Primary screener		Secondary screener	
	Left	Right	Left	Right
<b>Front</b>				
Shoulder elevated				
Unequal distance arm to body				
Uneven hips				
Rib prominence				
Lumbar prominence				
<b>Back</b>				
Shoulder elevated				
Shoulder blade elevation/prominence				
Waist fold difference				
Unequal distance arm to body				
Rib prominence				
Lumbar prominence				
<b>Side</b>				
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: