

PASADENA UNIFIED SCHOOL DISTRICT
HEALTH PROGRAMS

SCOLIOSIS SCREENING STATISTICS

School year _____

School Name _____ Nurse _____

1. Dates of screening _____

2. Grade levels screened _____

STUDENTS SCREENED: Males _____ Females _____ Total _____

NUMBER OF CHILDREN IDENTIFIED AS HAVING SIGNS OF SCOLIOSIS: _____

Number to be screened next year _____

Number referred for orthopedic evaluation _____

Males _____ Females _____

NUMBER WHO WENT FOR EVALUATION (IF AVAILABLE) _____

RESULTS OF MEDICAL EVALUATION:

No Scoliosis _____ Scoliosis _____

Kyphosis _____ Lordosis _____

Other orthopedic problems/found _____

TOTAL HOURS INVOLVED:

Screening _____ Rescreened _____

Referral _____ Follow-up _____

Health Ed. Preparation
and
Health Clerk Hours _____

(_____ hours x \$ _____ = \$ _____)