

**PASADENA UNIFIED SCHOOL DISTRICT
HEALTH PROGRAMS**

SCOLIOSIS SCREENING HEALTH INVENTORY WORKSHEET

SCHOOL SITE _____

SCHOOL YEAR _____

SCHOOL DISTRICT _____

Time Spent (Hours)											OTHER COSTS		Number of Pupils Screened								
DATE	EMPLOYEE TITLE	HOURLY RATE	PLANNING	TRAINING	SCREENING	RESCREENING	REFERRING	NOTIFICATION	RECORDING	FOLLOW-UP	SUPPLIES/ POSTAGE	TRAVEL COSTS/TIME	NUMBER SCREENED		NUMBER RESCREENED		NUMBER REFERRED MEDICAL		NUMBER RECEIVED MEDICAL		
													GIRLS	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS	BOYS	
													(7th)	(8th)	(7th)	(8th)	(7th)	(8th)	(7TH)	(8TH)	
TOTALS																					

I certify that the above is true and correct:

Signature

Date