



2 Peachtree Street, NW, 15th Floor Atlanta, Georgia 30303-3142

dph.ga.gov

June 22, 2021

Dear Parent or Guardian:

This letter is to remind you that scoliosis screening is required for all students in the 6th and 8th grades who attend public school in Georgia.

Scoliosis is a sideways curve of the <u>spine</u>. About 3% of children are affected by scoliosis. It can occur at any age but is often noticeable between the ages of 9 and 16, when growth occurs rapidly. Early detection is important to avoid potentially serious problems later in life if a spinal curve is not recognized, treated, and it continues to progress. The screening test is an observation of the child's back when standing and bending forward.

There are options for how the screening can be completed:

Submit a completed Form #4400, Certificate of Scoliosis screening. Form #4400 can be completed by a physician with an active GA license or person working under the supervision of a physician with an active GA license, the local health department, or licensed school nurse. A completed Form #4400 should be provided to the school within the first 90 days of 6th and 8th grade. Form #4400 can be found at www.dph.georgia.gov.

OR

 Children can participate in a school scoliosis screening event. Students without a completed Form #4400 on file more than 90 days after the start of school will be asked to participate in scoliosis screening during a school screening event.

Parents or guardians can choose to not have their student screened for scoliosis by selecting the opt-out option on Form #4400 or opt-out of the school scoliosis screening event later in the school year.

Thank you for ensuring your child is properly screened for scoliosis.

Sincerely,

Kathleen E. Toomey, M.D., M.P.H. Commissioner and State Health Officer

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Form #4400 Certificate of Scoliosis Screening

Scoliosis Screening is required for students in two grade levels determined by each school district.

This form must be completed in its entirety and returned to the child's school.

This form is for use by providers when screening, not for mass screening events provided at school.

Student name:					_
	First	Middle		Last	
Date of Birth:/	/	Gender: Male	Female	Grade:	
Student Address: _					ź.
	Street City				
=	Zip code	County		State	
Name of School:					=:
Parent/Guardian C					
Name:					=:
Phone number:					_
Screener's Comme	nts:				
Screening completed by: Physician Practice: County Health Department: Licensed School Nurse:				ealth Department:	
Screener Information: Name: Office Address: Signature: [Date://	-
	Parent/Guardia	nn — Complete This Porti	ion Only if Stud	ent Will Not Be Screened	
I do not wan			t-out	- -	
The student	listed above is cu	rrently under professio	nal care for sco	oliosis.	
Parent/Guardian's	Signature:			Date: / /	