



Henderson Middle School

Home of Scholars and Champions

494 George Tate Drive • Jackson, Georgia • 30233 • (770)504-2310 • FAX (770)504-2315

September 20, 2022

Dear Parent/Guardian,

On November 10, 2022, at Henderson Middle School, we will conduct a screening program on our 6th and 8th grade students for Scoliosis (curvature of the spine). See attached Scoliosis Screening (Form 4400).

Important–Please choose one of the options below and return the form to HMS by *Nov 1, 2022*.

- Option 1. If you do **not** want your child screened for scoliosis at school, at the bottom of the attached form, **check - Do Not Screen-Opt-out** for student **not** to be screened. Sign and return form to school by Nov. 1st.
- Option 2. Take this form to your child's physician to complete then return completed form to school by Nov. 1st and your child will not be screened at school.
- Option 3. If your child is currently under professional care for scoliosis, at the bottom of the form, check the box stating under professional care and your child will **not** be screened at school. Sign and return form to school.
- Option 4. **If a form is not received, we understand that you wish for your child to be screened at school on November 10, 2022.**

According to the available information, seven to ten children in every one hundred will require treatment. If this condition is detected early and treated appropriately, progressive spine deformities may be prevented. Screenings are recommended at this age because of children's rapid growth.

The screenings will be done by Butts County School Nurses and a nurse from the Butts County Health Department. The nurses will look at each child's back. No equipment is involved. You may assume that your child has no evidence of a curved spine if you are **not** contacted after the screening. If your child has suspected curvature, you will be notified and asked to take your child to your family physician for further evaluation.

**** The girls may wear a swimsuit top or sports bra under their clothing and the boys can remove their shirt so we may view their backs on the day of the screening.** Screenings are provided in private cubicles and the boys and girls are screened in separate groups.

You may contact me with any questions at 770-504-2310 Ext 3030. Thank you for your attention to this important screening.

Sincerely,

A handwritten signature in cursive script that reads "Sandy Jones".

Sandy Jones, L.P.N.
HMS School Nurse
770-504-2310 Ext-3030

**Dr. Suzan Watkins, Principal ~ Kendra Jenkins, Assistant Principal
Bill Glass, Assistant Principal ~ Scott Robinson, Assistant Principal**



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: Street City

Zip code County State

Name of School:

Parent/Guardian Contact information:

Name:

Phone number:

Email: @

Scoliosis Screening (Adams Forward Bend Test) Results:

Negative screen:

Needs further evaluation:

Referred to provider:

Screener's Comments:

Screening completed by:

Physician Practice:

County Health Department:

Licensed School Nurse:

Screener Information:

Name: Office Address:

Signature: Date: / /

Parent/Guardian - Complete This Portion Only if Student Will Not Be Screened

Opt-out

I do not want my student to be screened for scoliosis at this time.

The student listed above is currently under professional care for scoliosis.

Parent/Guardian's Signature: Date: / /