



FIRST  
PRESBYTERIAN  
SCHOOL

## SPINAL SCREENING RECORD

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

Required for girls age 10 and 12 and boys age 13 or 14.

Please have your physician complete a Spinal Screening and sign below.

### Spinal Screening Findings

L R

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> High shoulder                                  | <input type="checkbox"/> Round back |
| <input type="checkbox"/> <input type="checkbox"/> Rib hump                                       |                                     |
| <input type="checkbox"/> <input type="checkbox"/> Shoulder blade stands out more than the other  |                                     |
| <input type="checkbox"/> <input type="checkbox"/> Obvious curve of spine in lower back           |                                     |
| <input type="checkbox"/> <input type="checkbox"/> Obvious curve of the spine in area of rib cage |                                     |
| <input type="checkbox"/> <input type="checkbox"/> Hip higher than the other side                 |                                     |

Other: \_\_\_\_\_

☐

NORMAL

☐

REFERRED

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Physician's Name:

Address:

Phone Number:

Parents may email documents to [schoole@firstpres-ep.org](mailto:schoole@firstpres-ep.org) or turn them in at the school office.

First Presbyterian School  
1340 Murchison Dr. El Paso, TX 79902  
[schoole@firstpres-ep.org](mailto:schoole@firstpres-ep.org) | 915-532-6157