

## Form #4400 Certificate of Scoliosis Screening

# Required for students entering 6<sup>th</sup> <u>and</u> 8<sup>th</sup> grade Form must be completed in its entirety and returned within 90 days of school start

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	<u>Contact informati</u>	on:			
Name:					
Email:		@			
Scoliosis Screening (Adams Forward Bend Test) Results:					
Negative screen: Needs further eva Referred to provid	luation:				
Screener's Comme	ents:				
Screening completed by:    Physician Practice:     Licensed School Nurse:					
Screener Informat	tion:				
		Office Address:		Date://	
	Parent/Guardia	an – Complete This Por	tion Only if St	udent 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: / /	

## **Georgia Department of Public Health**

## Form #4400

**Certificate of Scoliosis Screening** 

#### What is scoliosis?

Scoliosis is an abnormal curvature of the spine. If detected early in a child's life, it may be possible to treat the condition and prevent it from becoming more serious.

#### Who is required to file this Form #4400?

The parent or guardian of a student entering the 6<sup>th</sup> grade shall furnish to school authority a properly executed DPH Form #4400, Certificate of Scoliosis screening, as early as the first day of 5<sup>th</sup> and no later than 90 days after the student begins 6<sup>th</sup> grade. The parent or guardian of a student entering the 8<sup>th</sup> grade shall furnish to school authority a properly executed Form #4400, Certificate of Scoliosis screening, as early as the first day of 7<sup>th</sup> and no later than 90 days after the student the student begins 8<sup>th</sup> grade.

These time periods were chosen because these are the years when rapid growth occurs, and scoliosis is most likely to become observable.

#### What is the purpose of Form #4400?

Form #4400 is intended to ensure every child in Georgia public schools is screened for spinal deformities. The earlier these problems are detected the earlier parents/guardians can seek professional help for their student.

#### What screenings are required?

The "Adams Forward Bend Test" is required, and the results must be documented on the Form #4400 before it is filed with the school. The Adams Forward Bend test is a simple painless observation of the child's back as he or she stands and bends over.

#### Who can conduct the screenings?

The test can be conducted 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, and licensed school nurses.

#### What should a parent do if the "Needs further evaluation" box is checked?

If the "Needs further evaluation" box is checked, then the parent/guardian should take the student to a medical provider for a more detailed evaluation. Your physician or local health department may be able to help or recommend someone who can help.

#### What if a Form #4400 was previously filed for the child at another school?

Form #4400 should become part of the student's permanent record. If a student transfers schools, the school where the form was filed is required to forward Form #4400 to the new school.

## What happens if Form #4400 is not completed for students in 6<sup>th</sup> and 8<sup>th</sup> grades?

Students without Form #4400 on file will be screened by school staff during a mass scoliosis screening event during the school year.