

**Griswold Middle School  
211 Slater Avenue  
Griswold CT, 06351**

Dear Parents:

As of July 1, Public Act 15-215 requires **female** students in the 5th and 7th grades, and **male** students in the 9th grade to have a postural examination to determine the possibility of any spinal problems. In areas where screening is already being done, spinal variations have been detected in about four percent of the adolescent population and two percent have required active treatment or continued observation. The purpose of this program is to recognize the problem at its earliest stages so that the need for treatment can be determined and progressive spine deformity can be prevented.

The procedure for screening is a simple one. The school nurse inspects the child's spine as he/she stands and bends forward. If a spinal problem is suspected, the child will be rechecked at a second screening. If further consultation is recommended, parents of students who are found to have signs of a possible spinal abnormality will be notified and will be asked to see their own physicians for further evaluation.

This examination is being offered free to all **female** Griswold students in grades 5, and 7, and all **male** Griswold students in grade 9 and will be done before the end of each school year. When you return this slip it will give us permission to perform this screening from fifth through ninth grade. If at any time you wish to cancel this, you must contact the school nurse.

Sincerely,  
School Nurse

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**DO NOT DETACH**

1. \_\_\_\_\_ Please include my child in the postural screening being offered each year while my student is in grade 5, 7, (**female**) and grade 9 (**male**) in the Griswold School System.
2. \_\_\_\_\_ Do not include my child in the postural screening as we plan to have this done at a private physician's office and will send the results to the school before June of each school year.
3. \_\_\_\_\_ My child is currently under active treatment for a spinal problem.

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Signature of Parent/Guardian

Date