



Madison City Schools
211 Celtic Drive
Madison, AL 35758
(256) 464-8370

Scoliosis Screening Exemption Form

If your child is already receiving medical treatment for a spinal deformity, please have your child's physician complete the information below and return this form to your child's school nurse *before* the screening.

_____ is under my care for the following:
Student's Name _____

Diagnosis: ___ Scoliosis ___ Kyphosis ___ Other: (Specify) _____
Treatment: ___ Observation ___ Brace ___ Surgery
___ Other: (Specify) _____

_____ School _____ Grade

_____ Dr. Signature _____ Date