

ST. MARY



BayView ACADEMY

3070 Pawtucket Ave, Riverside, RI 02915
Phone: 401.434.0113 Fax: 401.434.4756

Middle School Mandated Screenings

All students in grades six, seven and eight are required by state law to be screened annually for scoliosis. The East Providence school nurses will do this screening in the early spring.

Scoliosis is a lateral curvature of the spine, which most often occurs during the adolescent years in approximately 10% of this age group. The procedure for screening consists of the inspection of your daughter's posture as she stands and bends forward. Girls should wear some kind of bra on that day, as the spine must be visualized. Privacy is always maintained. A more detailed explanation of the condition and screening procedure will be given to the students in Health class.

All seventh grade students must also have a dental and vision screening. The East Providence School Department dentist will do the dental screenings at a date to be determined, probably late winter.

If you do not want your daughter to participate in the school based screenings you must provide documentation from your private practitioner(s) that the equivalent screening has been done and the results of that screening. Vision screening must include testing for ocular alignment as well as farsighted, (eye chart) and nearsighted vision.

Seventh grade students wishing to be exempted from the dental screening may have the Mandated Screenings Exemption Form signed by their dentist and returned to the school nurse.

As screening dates become available we will notify you by posting them in the monthly newsletter.

Any student that does not return this consent form or the required documentation for exemption will be screened at school in compliance with state law.

Please call the school nurse, Lillian Martin at ext. 105 if you have any questions.

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MIDDLE SCHOOL SCREENING CONSENT FORM

Student's Name _____ Grade: _____

Parent/Guardian Signature: _____

Date: _____

Students in Grades 6, 7, and 8

I would like to have my daughter screened for scoliosis in school.

I do not want my daughter to be screened for scoliosis in school. I will provide documentation of screening by her physician.

Students in Grade 7

I would like to have my daughter participate in the dental screening.

I do not want my daughter to participate in the dental screening and will return the Mandated Screenings Exemption Form signed by her dentist.

I would like to have my daughter's vision screened in school.

I do not want my daughter's vision screened in school. I will provide the required documentation of equivalent screening.