

**POMONA UNIFIED SCHOOL DISTRICT
HEALTH SERVICES & PROGRAMS**

SCOLIOSIS SCREENING REPORT

Fiscal Year: _____

Name: _____ Date: _____

School: _____ Title: _____

OF 7TH GRADE FEMALES SCREENED.....

OF 8TH GRADE MALES SCREENED.....

Total:

OF 7TH GRADE FEMALES RE-SCREENED.....

OF 8TH GRADE MALES RE-SCREENED.....

Total:

OF 7TH GRADE FEMALES REFERRED TO MEDICAL CARE.....

OF 8TH GRADE MALES REFERRED TO MEDICAL CARE.....

Total: