

**Ravena-Coeymans-Selkirk Central Schools  
Selkirk, NY 12158**

Building \_\_\_\_\_ Grade \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Family Physician Name/Address \_\_\_\_\_

**Immunization Dates:**

D.P.T.	Trivalent Oral Polio Vaccine	Other(Hib)	Hep. B.
1 <sup>st</sup> _____	1 <sup>st</sup> _____	_____	_____
2 <sup>nd</sup> _____	2 <sup>nd</sup> _____	_____	_____
3 <sup>rd</sup> _____	3 <sup>rd</sup> _____	_____	_____
Booster _____	4 <sup>th</sup> _____	_____	
Booster _____			
Td	M.M.R. #1 _____	Tuberculin Tests	
Booster _____	#2 _____	Date _____	Results _____
Booster _____		_____	_____
		_____	_____

Lead screening \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_  
 Varicella \_\_\_\_\_

**Scoliosis Screening**

- |    |   |   |   |
|----|---|---|---|
| 1. | Shoulder Higher                                 | R | L |
| 2. | Prominent Scapula                               | R | L |
| 3. | Elevated Scapula                                | R | L |
| 4. | Deviation in Alignment<br>Of Vertebrae          | R | L |
| 5. | Iliac Crest Higher                              | R | L |
| 6. | Arm to Body Space Greater                       | R | L |
| 7. | Distortion of C Curve<br>when flexing laterally | R | L |
| 8. | Forward Bend                                    |   |   |
|    | Thoracic Rib Prominence                         | R | L |
|    | Lumbar Rib Prominence                           | R | L |
|    | Kyphosis  | R | L |
| 9. | Lordosis (swayback)<br>Unable to touch ankles   | R | L |

Passed \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_





