

ATTACHMENT TO PRIVATE PHYSICAL FORM

Student Name: _____

PHYSICIAN'S FINDINGS

EXAMINATION (please check)

1. No scoliosis observed []
2. Scoliosis confirmed []
*x-ray taken
Degree of curve (specify)

3. Possible scoliosis []
No x-ray taken
4. No scoliosis []
x-ray taken
5. No scoliosis []
No x-ray taken
6. Other orthopedic []
conditions confirmed

RECOMMENDATIONS (please check)

1. Will observe (O) []
2. Recommend bracing (B) []
3. Recommend surgery []
4. Discharged (D) []
5. Comments _____

*Single erect AP x-ray for baseline recommended by the American Academy of Orthopedic Surgeons.

Signature of Physician

Physician: _____
Please Print