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| **POSTURAL SCREENING WORKSHEET** | | | | | | | | | Under Current Medical Treatment | | | | | | | | | |
| School: | | | | postural screening | | | | | Y/N | | Refer for Reason Date | | | | | | | |
| Address | | | | Y/N | | Rescreening Screener: | | | | Date: |  |
| Screener: | |  | P.E. R.N | Confirm Findings Y/N | | Follow Up | | | |
| Grade: Class Size: Date: | | | |
| Student Name | | Sex | DOB | Date Family Contacted | Date Referred to Physician | Physician's Diagnosis & Treatment Report Done | Needs School Follow Up |
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|  | From: *Training Material Postural Screening Program.* 1996. Massachusetts Department of Public Health. Downloaded 11/28/2016 from  <http://www.mass.gov/eohhs/docs/dph/com-health/school/psmanual04.pdf> | | | | | | | | | | | | | | | | | |