



EXCLUSION FROM SPINAL SCREENING FOR CONFLICTING RELIGIOUS TENETS

I am aware of the spinal screening requirements mandated by Texas Health and Safety Code, Chapter 37, (Texas State Law), and exclusion from the mandated spinal screening for conflicting religious tenets. I understand that this exemption has to be notarized and submitted to the school nurse on or before the day of the scoliosis screening. Girls will be screened two times, once at age 10 (or fall semester of grade 5) and again at age 12 (or fall semester of grade 7). Boys will be screened one time at age 13 or 14 (or fall semester of grade 8).

I, therefore request that my child, \_\_\_\_\_, be exempt from the Texas State Law spinal screening requirement.

DATE: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

Subscribed to and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_

Notary Public for Tarrant County, TX

My commission expires: \_\_\_\_\_.