



NISD Health Services

Spinal Screening Affidavit of Religious Exemption

I (Parent/Guardian Name) _____
understand that Texas State law requires all public and private schools to screen female
students in 5th and 7th grades and male students in 8th grade for spinal abnormalities.

I request that my child, _____, is not screened for spinal
abnormalities because it is against our religious beliefs.

(Parent/guardian Signature)

Date