



Saint Theresa Catholic School

Educating Tomorrow's Catholic Leaders

TUBERCULOSIS SCREENING

CLEARANCE FOR SCHOOL ADMISSION

Patient Name: _____ Date of Birth: _____

School: _____ Grade: _____

TO WHOM IT MAY CONCERN:

The above-named individual was evaluated by our office on _____ (date). The individual can be considered free of tuberculosis in a communicable form and may be admitted to school in Loudoun County. Must be within six (6) months of entering school.

Signature: _____

(Physician, Nurse Practitioner, Registered Nurse, Physician's Assistant)

Office Name: _____

Office Address: _____

Office Phone Number: _____

For School Use Only _____

Date of Registration: _____