



# Loudoun County Public School

## Department of Pupil Services

21000 Education Court

Ashburn, VA 20148

Telephone: 571-252-1017

FAX: 571-252-1245

## TUBERCULOSIS SCREENING

### CLEARANCE FOR SCHOOL ADMISSION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**\*\*\*\*This form must indicate that a TB screening has been completed within 3 months of registration for school\*\*\*\***

The above named individual was screened 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.

Signature: \_\_\_\_\_  
(Physician, Nurse Practitioner, Registered Nurse, Physician's Assistant)

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_