



# Loudoun County Public Schools

## Department of Pupil Services

21000 Education Court  
Ashburn, Virginia 20148  
571-252-2160 fax 703-779-8932

H-25

## 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 before student begins 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: \_\_\_\_\_