



Loudoun County Public Schools

Department of Student 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: _____