



Loudoun County Public Schools

Department of Pupil Services

21000 Education Court
Ashburn, Virginia 20148
571-252-1017 fax 571-252-1245

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.

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

Office Name: _____

Office Address: _____

Office Phone Number: _____

For School Use Only

Date of Registration: _____