Tuberculosis Screening Student Enrollment Form
(To be completed by parent/guardian)

STUDENT'S NAME _____ SCHOOL _____

Dear Parent/Guardian:

Please check the statement below which applies to the enrolling student:

_____ The enrolling student has not resided outside the United States.

_____ The enrolling student has resided in a foreign country for five consecutive months within the past five years. I understand that I must present evidence of tuberculin screening or testing as described in Prince William County Public Schools Regulation 723-4, "Tuberculosis Screening Requirements."

Students will not be permitted to enter school without written documentation as requested.

_____ _____

Parent/Guardian Signature Date