

San Mateo Union High School District / 聯合高中學區



Tuberculosis Clearance Form/ 無肺結核表格

學生姓名：_____ 日期：_____

就讀學校：_____

親愛的家長：

貴子弟被選上參與學校計劃，需要提出無肺結核證明：Your son/daughter has elected to participate in a school program which requires tuberculosis clearance as follows:

- 青少年學生協助學前兒童（例如兒童看護或幼稚園計劃）或小學學生（學校/社區服務）每年需要提出無肺結核證明。
- 青少年學生與學校教職員合作（餐飲服務以及／或可工作性）每四年需要提出無肺結核證明。

由醫生提出書面證明上述期間內沒有感染肺結核就可以。

無肺結核證明可以向學生自己的醫生或平常去的醫院索取。

PHYSICIAN'S REPORT OF TUBERCULOSIS CLEARANCE

Name: _____

Birthdate: _____

TST/P.P.D. Date: _____ Result: _____

X-Ray Date: _____ Result: _____

QuantiFERON Date: _____ Result: _____

Recommendations: INH _____ mg/daily for 9 months.

Date Started: _____ Date Completed: _____

Remarks: _____

Not Valid Unless Signed, Stamped & Dated

Date form completed: _____

NAME:

ADDRESS:

PHONE:

Signature of Physician/Clinic

PLEASE STAMP/AFFIX NAME, ADDRESS, AND CONTACT INFORMATION

Health Office review/approval _____ Date: _____

Signature of Health Aide or Health Services

Form # 603 / 12.12.23 AH