

Health Statement – Part I

This form may be used to fulfill the requirements under Section 63.1 – 196.3 of the Code of Virginia and Section 30.2-4 of Chapter 30 of the Fairfax County Code.

Little Acorn Patch, 5801 Castlewellan Drive, Alexandria, VA 22315
Name of Child Care/Private School Facility

Name of Staff Member

STATEMENT REQUIRED BY SECTION 30-2-4, Chapter 30, Fairfax County Code:

I certify that _____ is apparently free from communicable tuberculosis.

Circle as applicable: Tuberculosis risk & symptom screen

Negative tuberculin skin test

Chest X-Ray

Date of above test or screen: _____ Attach documentation of test result.

Physician's, or physician's designee, signature: _____

Please Print Name:

Date: _____
 Month Day Year

Address:

Phone No: () - _____