

Resurrection Preschool

15050 S. Central Avenue

Oak Forest, IL 60452

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DCFS Licensed

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LEAD SCREENING & TB TESTING WAIVER

Date _____

Student's Name _____

As per the recommendations of the American Academy of Pediatrics, routine screening for Tuberculosis (TB) is only being done on high-risk patients. If you (the physician) feel that a TB test is not necessary at this time, please indicate below.

_____ I do not feel that a TB test is necessary at this time.

As per the recommendations of the American Academy of Pediatrics, routine screening for lead is only indicated for patients at risk for lead exposure. If you feel that a Lead Poisoning screening is not necessary at this time, please indicate below.

_____ I do not feel that a Lead Poison screen is necessary at this time.

Physician Comments: _____

Physician Signature: _____ Date: _____