**Above and Beyond Care HealthSystem** A picture containing text

Description automatically generated

***Health Attestation Form***

Student Name:

**Action Completed Dates Signature/Title**

**MANDATORY IGRA blood test/**

**QuantiFERON** \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hepatitis B Vaccine: date accepted/declined

Influenza Vaccine (if warranted) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Periodic Physicals (if required by School)

**THE QUANTIFERON TEST IS MANDATORY AND THE RESULT MUST BE SUBMITTED TO THE SCHOOL ONE WEEK BEFORE THE SCHOOL STARTS**

I attest that the above information is truthful and correct pursuant to my review of the health records of the above employee.

Student Name (Print): Title:

Student Signature: Date:

**Nurse Reviewer Recommendation**

Refer employee TB/LTBI screening before school starts

No action to be taken at this time.

RN Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RN Signature: Date: / / .