

HEAD START
TB Clearance Documentation

This is to certify that _____
Name
as of _____, has complied with the tuberculosis clearance
Date
requirements as determined by C.E.C. 49406, and H.&S.C. 3450 (Article A-C).

Lynette Grandison, M.D. by _____
Physician Consultant Head Start Nurse

Mandatory
Revised 1/11
CF/ H-13b

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