



To:

Subject: Out-of-Country Travel

Date:

Due to the fact that you are taking an extended trip (vacation) out of the country, your child _____ will need to be checked by the school nurse for TB symptoms upon returning to school and will be required to receive a PPD test (TB) from your physician between 4 and 8 weeks after returning home. Your physician must forward these results to the school by FAX or send a copy to the school in care of the school nurse.

Thank you in advance for your attention to this matter.

School Nurse

- | | | |
|--------------------------|--|--------------------|
| <input type="checkbox"/> | Lewin G. Joel Jr. School, 137A Glenwood Road, Clinton, CT 06413 | FAX (860) 664-6581 |
| <input type="checkbox"/> | Jared Eliot Middle School, 69 Fairy Dell Road, Clinton, CT 06413 | FAX (860) 664-6583 |
| <input type="checkbox"/> | The Morgan School, 27 Killingworth Turnpike, Clinton, CT 06413 | Mail/Drop Off Only |

H-026A (5/2/12, 4/10/13)