

**COLLEGE OF THE DESERT CHILD DEVELOPMENT CENTER**

Date: \_\_\_\_\_

TO: COD CAMPUS NURSE

FROM: Wendy Sanders, Early Childhood Education Faculty

The student listed below is enrolled in an Early Childhood Education class requiring lab hours each week in the College of the Desert Child Development Center. The students need to provide evidence they are free from TB for the center's licensure. Please give this student the TB test and charge the cost of \$\_\_\_\_\_ to account number 11-720-0000-1305-000-4300.

Students needing follow- up chest x-rays will be excluded from the Center until they have received clearance. Any needed follow-up treatment is the responsibility of the student. Thank you for your help.

Student: \_\_\_\_\_ Student ID # \_\_\_\_\_

Copy 1 to Wendy Sanders      Copy 2 to Accounting      Copy 3 to VP of Student Services

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