

TB AND MEGAN'S LAW CLEARANCE

Legal Name (First / Middle / Last / Maiden) _____

Address _____ Phone Number _____

Date of Birth/Age _____ Place of Birth _____

Height _____ Weight _____ Eye color _____ Hair Color _____ Male Female

----- **FOR OFFICE USE ONLY** -----

TB Testing

TB Skin Test: Negative Positive

Chest X-ray: Normal Abnormal Not required (only if positive TB skin test)

Date of Service: _____ Expires on (4 years): _____

Megan's Law Check (www.meganslaw.ca.gov)

Megan's Law website check for applicant was completed by (name) _____ on (date) _____

Results of the website check:

- The applicant's name **did** appear on the Megan's Law Website
- The applicant's name **did not** appear on the Megan's Law Website

Signature below indicates compliance with Megan's Law Requirements

Compliance Verification Signature
(school official)

Date