

Nativity Catholic School  
705 E. Brandon Blvd.  
Brandon, FL 33511

May 2009

Dear Doctor:

The child listed below is a student in our school. As part of our protocol during this H1N1 crisis, I have requested that the child be examined and tested for the H1N1 virus. Once the test results have been returned, I am asking you to verify that the student is free of the H1N1 virus and is able to return to school. Please complete the form at the bottom of this sheet of paper and give it to the student's parent/guardian. Thank you in advance.

Sincerely yours,

Nativity Catholic School Administration

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I certify that \_\_\_\_\_ has been tested for the H1N1 virus and the results show that the above named student does not have the H1N1 virus and poses no health threat to the school community.

Physician's Name \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS FORM MUST BE RETURNED TO THE NATIVITY CATHOLIC SCHOOL'S MAIN OFFICE ( NOT NURSE'S OFFICE) IN ORDER FOR YOUR CHILD TO RECEIVE ADMIT PASS BACK TO THE CLASSROOM.**