***[Replace this text with your organization’s identifier.]***

TB Index Case School Schedule

*(Confirm with school records)*

Index patient name: Date of birth: RVCT#:

Infectious period: to School name:

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| --- | --- | --- | --- |
| Semester | **Start/End Dates** | **Class/Activity Schedule**  Period/Times Subject Teacher/Aide Room No. | Comments |
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| **Sports Teams** | **Start/End Dates** | **Practice Schedule**  Times Coach/Trainer Location | **Comments** |
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| **School Extracurricular Activities** | **Start/End Dates** | **Schedule**  Times Teacher/Aide Room No. | Comments |
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| **Mode of Transportation to and from School** | **Dates** | **Specifics** | **Comments** |
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