



Employee Name: _____

Date of Birth: _____

MANTOUX TEST (TUBERCULOSIS SCREENING)

- Pursuant to the New Jersey Administrative code, all newly employed school staff members must undergo a physical examination that includes a Mantoux test for tuberculosis (N.J.A.C. 6:3-4A.4)
- For substitute teachers, you are only required to undergo a Mantoux test (however, in the event that you become a regular staff member, you must undergo a complete physical examination)
- Therefore, all new employees must have a physician/other medical provider conduct a Mantoux test and complete the following information (as applicable)

TB SCREENING (MANTOUX TEST)

	DATE	DATE
TESTED		
READ		
RESULT		

CHEST X-RAY RESULTS (only required if Mantoux test result if positive)

DATE	NORMAL	ABNORMAL

THERAPY (if necessary)

Case Reactor

Date Started _____

Date Completed _____

Date: _____

Examining Physician/Other Medical Care Provider: _____
Signature

Examining Physician/Other Medical Care Provider name and address:

(PLEASE PRINT OR HAND STAMP)