

RIDGEWOOD PUBLIC SCHOOLS
Ridgewood, New Jersey

MANTOUX INTRADERMAL TUBERCULIN TEST FORM

Kindergarten – Grades 12

Student's Name

Date

School

Grade/Homeroom

My child will receive the Mantoux Intradermal Tuberculin test from Dr. _____ at our expense and a written statement will be sent to the school nurse.

I request that the school nurse administer the Mantoux Intradermal Tuberculin test to my child at the designated test site. I have reviewed the previous information. I understand that I must schedule the test date with the school nurse and I am responsible for transportation of my child to the test site for administration.

To the best of my knowledge, my child is *not*: (Please Check)

A previous positive TB reactor

Pregnant

A recipient of any live virus vaccines within the past 8-12 weeks (measles, rubella, polio, mumps, etc.)

Receiving corticosteroids or immune suppressive agent

Recuperating from a viral infection such as rubeola, influenza, chicken pox, etc.

Signature of Parent/Guardian

Date

Please Return Completed Form to the School Nurse

Date Administered: _____ Lot No.: _____

Expiration Date: _____ Administered By: _____, R.N.

Date Read: _____ Negative: Positive

Mm Induration: _____ Administered By: _____, R.N.