New Jersey Department of Health
TUBERCULOSIS PROGRAM

ANNUAL REPORT OF TB TESTING IN SCHOOLS

For the Calendar Year Ending December 31, ____ *(Year)*

Instructions: ***Numbers in the chart below are totals for newly tested individuals ONLY. Please print or type.***

☐ **No Testing Done**

County	☐ Public School ☐ Non-Public School School Name and Address:
District	

Category	Students Born in a High TB Incidence Country entering a US School for the First Time	Students Transferring Directly into a NJ School from a High TB Incidence Country	Employees (Teachers, Student Teachers, Others)	Volunteers and Contractors
TB Tests Completed				
Significant Reactors/Positive IGRAs				
Non-Reactors/Negative IGRAs				
Significant Reactors/Positive IGRAs Given a Chest X-Ray				
Normal Chest X-Rays				
Abnormal X-Rays				
Treatment for LTBI Prescribed				
Treatment for LTBI Not Prescribed				
LTBI Treatment Unknown				
Diagnosed TB Cases				

Completed By *(Print)*	Email Address	Telephone Number (Incl. Ext.) ( ) Ext.
Signature of Superintendent or Principal		Date

Distribution: Original – Retain On Site at School
Copies – School District Superintendent
Local Health Department / Local Health Officer