

**New Jersey Department of Health and Senior Services
TUBERCULOSIS PROGRAM
PO Box 369
Trenton, NJ 08625-0369**

**ANNUAL REPORT OF TUBERCULIN TESTING IN SCHOOLS
For the Calendar Year Ending December 31, _____ (Year)**

*Instructions: Submit in January following the Fall School Tuberculin Testing.
Numbers in the chart below are totals for newly tested individuals ONLY.*

County	<input type="checkbox"/> Public School(s) <input type="checkbox"/> Non-Public School(s) School Name(s) 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
Tuberculin Skin Tests Given and Read				
Significant Reactors (≥10mm)				
Insignificant/non-Reactors (0-9mm)				
Newly Identified Significant Reactors that had a Chest X-Ray				
Normal chest X-Rays				
Abnormal X-Rays				
Treatment for LTBI Prescribed				
Treatment for LTBI Not Prescribed				
LTBI Treatment Recommendations Unknown				
Diagnosed TB Cases				

Submitted By	Email Address	Telephone Number
Signature of Superintendent or Principal		Date Submitted

Distribution: Original – NJDHSS TB Program
 Copies – County Superintendent
 School District
 Local Health Department or TB Control Agency