New Jersey Department of Health and Senior Services
TUBERCULOSIS PROGRAM
PO Box 369
Trenton, NJ 08625-0369
Telephone: 609-588-7522

ANNUAL REPORT OF TB TESTING IN SCHOOLS

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

Instructions: Submit in January following the Fall School Tuberculosis Testing.
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				

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

Distribution: Original – NJDHSS TB Program – Mail to above address or fax to 609-588-7562
Copies – County Superintendent
School District
Local Health Department or TB Control Agency