

INSTRUCTIONS FOR COMPLETING THE ANNUAL REPORT OF TB TESTING IN SCHOOLS (TB-57) FORM

The purpose of this report is to record the NEW TB tests, examinations, and treatments prescribed during each calendar year for students, volunteers and new employees who meet the criteria described in the accompanying school letters.

- **County:** Enter the county name.
- **District:** Enter the educational district or if unknown enter the city or municipality.
- **Public/Non-Public School:** Check the appropriate box.
- **School Name and Address:** Enter the complete and official school name, including the street, municipality and zip code.
- **No Testing Done:** If TB testing was **not** done, check this box. (No Testing Done)
- **TB Tests Completed:** Enter the number of tests completed in the row beneath the appropriate column. Record completed tests **once** and in **one** column **only**. (The next two rows numbers **MUST** equal this row total).
- **Significant Reactors/Positive IGRA:** Enter the number of tests completed with significant reactions or positive IGRA results.
- **Non-Reactors/Negative IGRA:** Enter the number of tests completed with insignificant reactions or negative IGRA results.
- **Significant Reactors/Positive IGRA Given a Chest X-Ray:** Enter the number of significant reactors and the number of those with positive IGRA results who were given a chest X-ray.
- **Normal Chest X-Rays:** Enter the number of chest X-rays results that were clear or normal.
- **Abnormal X-Rays:** Enter the number of chest X-rays results that showed abnormalities. These persons should be referred to a qualified pulmonologist or TB clinic.
- **Treatment for LTBI Prescribed:** Enter the number of persons prescribed treatment for latent TB infection.
- **Treatment for LTBI Not Prescribed:** Enter the number of persons not prescribed treatment for latent TB infection.
- **LTBI Treatment Recommendations Unknown:** Enter the number of persons for which treatment recommendations could not be ascertained. Every effort should be made to determine the treatment recommendations for persons referred to physicians for evaluation of positive tests.
- **Diagnosed TB Cases:** Enter the number of active or inactive TB **cases** diagnosed during this testing.
- **Submitted by:** Print the name of the person compiling the report.
- **Email Address:** Print the email address of the person compiling the report.
- **Telephone Number:** Enter the telephone number, including the **area code**, to be used for inquires about this report.
- **Signature of Superintendent or Principal:** Forward the report to the appropriate person for signature.
- **Date Submitted:** Date and mail or fax report to the TB Program.

FAX: 609-588-7562

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