

## New Jersey Department of Health

Statement of Non-Infectiousness for  
Individual with TB Disease

Student Name ( <i>Last, First, MI</i> )		Birthdate ( <i>mm/dd/yyyy</i> )
Street Address		Telephone Number
City	State	Zip Code
Name of School		
<p><b>Although the diagnosis of pulmonary or other infectious form of tuberculosis is suspected or has been confirmed in the individual identified above, I declare that the individual has been adherent with treatment recommendations by taking a minimum of 14 consecutive days of anti-tuberculosis treatment to date, is no longer experiencing TB-like symptoms and is negative for acid fast bacilli on smear. This individual poses no current risk to the public health, student population or school faculty and/or staff.</b></p>		
Name of Licensed Physician ( <i>Print</i> )		
Signature of Licensed Physician		Date