

New Jersey Department of Health

Statement of Non-Infectiousness for Symptomatic Individual

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|---|-------|---------------------------------|
| 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>Although the presence of TB-like symptoms was confirmed on assessment, a chest radiograph and appropriate subsequent testing has ruled out the presence of communicable tuberculosis. I declare that the individual above has been fully evaluated and determined to be free of communicable tuberculosis disease. This individual poses no current risk to the public health, student population or school faculty and/or staff.</p> | | |
| Name of Licensed Physician (<i>Print</i>) | | |
| Signature of Licensed Physician | | Date |