PALISADES school district
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39 Thomas Free Drive, Kintnersville, PA 18930 ♦ Bucks County ♦ www.palisadessd.org ♦ 610.847.5131

Tuberculosis/Mantoux Health Form

Employee's Name (Print): _____

Required Tuberculosis Test Results, as per Regulations of the Department of Health.

To be completed by your Physician

Date Applied	Arm	Method	Antigen	Manufacturer	Signature
Date Read		**Results (mm)**		**Signature**	

Physician's Name: _____
Phone Number: _____
Address: _____
_____

If Positive:
Previously known/new positive reactors: _____

Chest X-Ray Date: _____ Results: _____
(Attach a copy of the report)

Other Studies Done to Rule out Tuberculosis: _____

Results: _____
(Attach a copy of the report)

Preventive Anti-Tuberculosis-Chemotherapy Ordered (Circle One): No Yes Date: _____

If significant reaction was reported, the Physician report must state that the applicant is free from current Tuberculosis disease or is under adequate chemotherapy for Tuberculosis disease.

The statements and answers recorded above are full, complete and true to the best of my knowledge and belief. I understand any false or misleading statements may cause termination of my employment.

I authorize the Physician or other person to disclose any knowledge or information pertaining to my health to the employing authority for whom this examination is performed.

_____ _____
Signature of Employee Date