



# Upper Bucks County Technical School

Serving: Palisades, Pennridge, and Quakertown

3115 Ridge Road • Perkasio, Pennsylvania 18944 • Phone: (215) 795-2911 • FAX: (215) 795-0530 • www.ubtech.org

## 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

**\*\*Form MUST be completed and returned to Sandy Ronge', Assistant Director's Secretary, prior to your first day of employment. \*\***

Rev: 8/17/10