

**RIDGEWOOD PUBLIC SCHOOLS**

**Health Services**

**Ridgewood, New Jersey**

Dear Parent or Guardian:

Each school district health department is required to comply with Mantoux testing in accordance with New Jersey State Department of Health and Senior Services and New Jersey Department of Education regulations as a condition for admission to a New Jersey school.

New students Grades 6-12 entering a US school for the first time who were born in, or who are transferring from, a country with a high incidence of TB, without a valid record of a Mantoux test within the previous six months, are required to comply with Mantoux testing regulations. The interferon gamma release assay blood test is also acceptable in place of the Mantoux.

New students Grades K-5 entering a US school for the first time who were born in, or who are transferring from, a country with a high incidence of TB, without a valid record of a Mantoux test after the age of 3 years, are also required to comply with the Mantoux testing requirements. The interferon gamma release assay blood test is also acceptable in place of the Mantoux.

The Mantoux test involves injecting a small amount of test solution (purified protein derivative) under the skin. It is administered by your private physician. A student may be exempt from tuberculin skin testing upon presentation of documentation from a licensed physician, showing a significant tuberculin reaction and a subsequent negative chest x-ray.

If a child has a positive reaction to the Mantoux test, the child must have a chest x-ray and examination. Documentation of results by the physician must be returned to the school nurse.

Please speak with the school nurse regarding a previous positive tuberculin reaction, chest x-ray, or recent BCG vaccination. If your child has been immunized against measles, mumps, polio, or rubella (German measles) within the previous three months, is recuperating from recent illness, or is receiving corticosteroids or immunosuppressive agents, testing may need to be delayed. The Mantoux tuberculin test is required regardless of previous BCG administration.

Please have your physician complete the information on the reverse side of this letter and return it to the school nurse as soon as possible. If you do not have a physician, contact the Bergen County Health Department at 201 634-2600.

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Date: \_\_\_\_\_

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Name of Student	School	Grade/Homeroom
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Date administered: \_\_\_\_\_ by \_\_\_\_\_

Date Read: \_\_\_\_\_ mm induration

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

**Please return completed form to school nurse.**

If Mantoux is positive;

Date of X-ray: \_\_\_\_\_

Result: \_\_\_\_\_

Was treatment initiated? \_\_\_\_\_

Name of treatment: \_\_\_\_\_

Duration: \_\_\_\_\_