

**SCHOOL DISTRICT OF UPPER MORELAND TOWNSHIP
2900 TERWOOD ROAD
WILLOW GROVE, PA 19090
215-830-1511**

REPORT OF TUBERCULOSIS SCREENING

Date: _____

Name: _____

Date of Birth: ___/___/___

TO WHOM IT MAY CONCERN:

The above named individual has been evaluated by one of the following and the findings are as follows:

- School District Nurse (Upper Moreland School District Nurses)
- Montgomery County Health Department Nurse

HEALTH CARE PROFESSIONAL/DOCTORS/NURSES NAME/ADDRESS/PHONE MUST BE COMPLETED (stamp is acceptable):

- Healthcare Professional/Doctors/Nurses**

Name: _____

Address & Phone No.: _____

Check one box:

- A tuberculin skin test (ppd/mantoux) is not indicated at this time due to:
 - the absence of symptoms suggestive of active tuberculosis,
 - absence of clinical conditions that are high risk for developing active TB
 - absence of recent exposure to an individual with pulmonary tuberculosis
- The individual has a history of a positive tuberculin skin test. This individual has completed adequate treatment for latent TB infection/TB disease. The individual has no symptoms suggestive of active tuberculosis disease. A chest x-ray is not indicated at this time.
- TB Test Results attached. **A TB Test is not required** but if one was recently performed attach a copy of the test date, date read and test results.

Based on the available information, the individual can be considered free of tuberculosis in a communicable form.

Signature of Health Professional

Date