

# WANAQUE PUBLIC SCHOOLS

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**PLEASE HAVE YOUR HEALTHCARE PROFESSIONAL COMPLETE THE FOLLOWING:**

Name: \_\_\_\_\_

## TEST ADMINISTRATION of MANTOUX

Healthcare Professional Name: \_\_\_\_\_

Testing Location: \_\_\_\_\_

Date Placed \_\_\_\_\_

Site:  Right  Left

Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature (administered by): \_\_\_\_\_

RN  MD  Other: \_\_\_\_\_

## TEST RESULTS

Date Read (within 48-72 hours from date placed): \_\_\_\_\_

Induration (please note in mm): \_\_\_\_\_ mm

PPD (Mantoux) Test Result:  Negative  Positive

Signature (results read/reported by): \_\_\_\_\_

RN  MD  Other: \_\_\_\_\_

**Note: Both TEST ADMINISTRATION & TEST RESULT sections must be completed for this document to be valid.**

## EMPLOYEE STATEMENT OF ASSURANCE

I certify that the above information is accurate, that I am fit to perform with reasonable accommodation this position, and that to the best of my knowledge, do not pose any health risk to students or other employees. N.J.A.C. 6:29-7.4 (e).

To assure ready access in a medical emergency:

	Yes	No
I give permission for the above information to be available to the school nurse.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for the above information to be available to the principal.	<input type="checkbox"/>	<input type="checkbox"/>

Date \_\_\_\_\_

Signature \_\_\_\_\_