

**BOARD OF EDUCATION
RAMAPO INDIAN HILLS REGIONAL HIGH SCHOOL DISTRICT**

131 YAWPO AVENUE
OAKLAND, NEW JERSEY 07436

RAMAPO HIGH SCHOOL
Franklin Lakes, N.J. 07417
(201) 891-1500

(201) 416-8100
FAX (201) 416-8123

INDIAN HILLS HIGH SCHOOL
Oakland, N.J. 07436
(201) 337-0100

TO ALL: Substitute Teachers, Coaches/Advisors,
Volunteers, Bedside Tutors, Bus Drivers

FROM: Superintendent of Schools

**ACCORDING TO STATE LAW, ALL EMPLOYEES MUST BE TESTED TO DETERMINE THE
PRESENCE OR ABSENCE OF ACTIVE OR COMMUNICABLE TUBERCULOSIS**

Please have the information here completed by a Physician or Registered Nurse in the location where this testing is documented for you. Only the Mantoux skin test is acceptable, through another district, or if you were given the test within the last year.

NAME: _____

PRESENT ADDRESS: _____

HOME PHONE: _____ DAY PHONE: _____

NAME AND ADDRESS OF LOCATION WHERE TEST WAS GIVEN:

Date Mantox Test was given: _____ Date Test was read: _____

Results of Test: Negative _____ Positive _____

Signature of Nurse/Physician verifying this documentation:

If test was positive, give date and location of X-Ray: _____

Give name of physician who read X-Ray: _____

Give result of X-Ray: Negative _____ Positive _____

If X-Ray was positive, was INH Preventive Therapy prescribed? Yes _____ No _____

If yes, give name of prescribing doctor: _____

How many months did you take this medication? _____

Do you have a physician certificate to verify completion of INH Therapy? _____

If you have not complied with this requirement, please contact the School Nurse at Ramapo or Indian High School. They will be able to assist you. RETURN THIS FORM OR CONTACT SCHOOL NURSE WITHIN 15 DAYS. Please mail this form to M. Smith, Board of Education, Indian Hills High School, 131 Yawpo Avenue, Oakland, NJ 07436.