EVESHAM TOWNSHIP SCHOOL DISTRICT
MANTOUX (TB) TEST

You are required to provide proof to the district of a negative Mantoux (TB) Test, the date of which must be within the last six (6) months. If you have an older TB test and have continuously worked for a N.J. School District, please provide us with a copy of your TB test and a letter from the school district for the years you were employed.

If you are currently a Lenape Regional High School District student, please call Mrs. Perocho, RN., School Nurse for further instructions.

During the school year Mantoux (TB) tests are administered by:
Mary Perocho, RN., School Nurse
Marlton Elementary School, 190 Tomlinson Mill Rd, Marlton, NJ 856-988-9811, Ext. 8604

This is a two (2) day test. The tests are administered Tuesdays and Wednesdays from 9:00 a.m. to 11:00 a.m., with the results read two (2) days later from 9:00 a.m. to 11:00 a.m. **NO APPOINTMENT IS NECESSARY, but please leave Mrs. Perocho a voice message with your name, phone number, and the date you are planning to visit her to have your test administered; therefore, in the event there is a need to reschedule she has your contact information.**

- -

Name: _____   Position: _____
Street: _____   Phone: _____
City, State: _____

Please indicate your response with a ✓.

	YES	**NO**
1. Previous POSITIVE TB Skin Test	_____	_____
2. History of having Tuberculosis	_____	_____
3. Previous BCG vaccine	_____	_____

Please carefully read the information below and sign this form before receiving the TB test:

YOU SHOULD NOT RECEIVE A MANTOUX TEST IF YOU:

- Are taking steroids or immunosuppressive drugs
- Have a known viral infection or live virus vaccine in the last four weeks. If you have received Covid-19 vaccination(s), you must wait four weeks to have your Mantoux test.

Parent Consent (if under 18 years of age): _____

Date _____   Signature _____

Mantoux given by: _____   Date _____
Mantoux read by: _____   Date _____

If you go to have your TB test performed elsewhere, return this form **with the physician's office stamp** indicating where you had the test completed. We do not reimburse for this cost.

Result in mm _____   Negative ☐   Positive ☐