

# Glassboro Public Schools

560 Joseph Bowe Boulevard  
Glassboro, New Jersey 08028

[www.glassboroschools.us](http://www.glassboroschools.us)

Phone: 856-652-2700

Fax: 856-881-0884

Danielle M. Sochor  
Chief Academic Officer



Scott D. Henry  
Business Administrator

Mark J. Silverstein, MBA, Ed.D Superintendent of Schools

## Mantoux Tuberculin Testing in Public Schools

A Mantoux intradermal tuberculin test is also required for all newly hired employees including full or part time, student teachers, practicum students, and bus drivers on contract with the district who have contact with students.

Proof of the Mantoux tuberculin skin test should be presented prior to the employee, student teacher practicum student, or others contract with the district begin their assignment within the school. Exceptions are as follows:

- A new employee, student teacher, practicum student and all others contracting within the district with a documented Mantoux test administered within the previous 6 months does not have to be retested.
- An employee transferring between school districts or a non-public school within New Jersey would not have to be tuberculin tested if there is a documented record obtained from the previous school employer that a Mantoux test was administered upon his or her initial employment in a New Jersey school within the last 6 months.

An employee, student teacher, practicum student and all others contracted with the district that was documented as having a previously positive or significant Mantoux tuberculin reaction, whose chest x-ray was negative for evidence of tuberculosis, or received preventive case treatment, requires no further tuberculin testing.

A Mantoux tuberculin test can be obtained free of charge form the Gloucester County Health Department. For more information please contact the Health Department at 856-216-4419.

Each employee, upon initial employment shall submit a report of his or her current health status.

\*\*\*\*\*

**EMPLOYEE'S NAME:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ **ASSIGNED LOCATION:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **DATE OF EXAM:** \_\_\_\_\_

### MANTOUX/T.B. TEST

DATE GIVEN \_\_\_\_\_ DATE READ: \_\_\_\_\_ RESULT: \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

Address & Phone Number: \_\_\_\_\_

Please have your doctor complete this form after having your mantoux test completed, and return completed form to:

Glassboro Board of Education- ATTN: Human Resources  
560 Joseph Bowe Blvd; Glassboro, NJ 08028