

EAST BRUNSWICK PUBLIC SCHOOLS  
Student Services Department

Dear Parent/Guardian:

A review of your child's health records indicates the need for a Mantoux Tuberculin Skin test as currently required by NJ State Law. If you have proof of a Mantoux Tuberculin Skin Test performed in the last six (6) months, you must provide documentation.

This test may be performed by the school nurse, or by your family physician, which would be at your own expenses.

Please contact the health office for information regarding religious or medical exemptions to this test. In addition, please indicate if your child was vaccinated with

BCG: Yes \_\_\_\_\_ Date: \_\_\_\_\_ No: \_\_\_\_\_

Thank you for returning the permission slip below as soon as possible.

EXCLUSIVE USE OF THE MANTOUX TUBERCULIN SKIN TEST IS MANDATORY

PERMISSION SLIP

I hereby give my permission for my son/daughter to receive the Mantoux Tuberculin Skin Test (intradermal by syringe) in school. The test will be given by the school nurse, who is certified in this procedure. Testing will begin after \_\_\_\_\_

Date \_\_\_\_\_ Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

I do not give permission for my son/daughter to receive the Mantoux Tuberculin Skin Test in school. I will have this test done by my own physician at my expense and submit the doctor's certificate to the school nurse by \_\_\_\_\_

Date \_\_\_\_\_ Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_