



# Mechanicsburg Area School District

100 East Elmwood Avenue  
Mechanicsburg, PA 17055  
(717) 691-4500

Mark K. Leidy, Ed.D., Superintendent  
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## Tuberculin Skin Test for School Personnel/Volunteers

### Tuberculosis Test Form – School Personnel/School Volunteers

As stated in Article XIV of the Public School Code of 1949, Section 1418, “Requires all school personnel who provide service to children (employees, independent contractors, and volunteers) to obtain a test for tuberculosis in accordance with regulations adopted by the Advisory Health Board.” This test is required prior to working in school or on behalf of the school. This is a legal obligation.

Choice of Method for Tests:

1. Intracutaneous Mantoux Test – Free through MASD Health Services Department. Contact the school nurse. Must be read by medical personnel (school nurse, doctor).
2. Chest X-Ray – To be used only when skin test has revealed a significant, positive reaction – At your own cost or through the PA Health Department.

Please complete **both** sides of this form and return to the school nurse:

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Position in School and Building

\_\_\_\_\_  
Student’s Name (include all students)

\_\_\_\_\_  
Building Attending (Include all schools)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_ Mantoux Test (MASD Health Services)

\_\_\_\_\_ X-Ray (At your own cost at PA Health Department)

<b>Please answer the following questions:</b>	<b>Yes</b>	<b>No</b>
1. Have you ever had a previous positive tuberculosis skin or blood test?		
If yes, have you ever taken medication for Latent Tuberculosis Infection or active Tuberculosis disease?		
2. In the past 30 days, have you received a live virus vaccine [such as MMR (Measles, Mumps, Rubella), Varicella (Chickenpox), Flu Mist (nasal spray), Typhoid, Yellow Fever]?		
3. Were you born or raised outside of the United States?		
If yes, did you receive BCG vaccine?		
4. Do you have a condition that lowers the body's resistance to infection, such as diabetes, HIV, cancer, Crohn's disease, colitis, kidney failure, etc.?		
5. Are you taking drugs that lowers the body's resistance to infection, such as steroids (cortisone or prednisone), Remicade, Enbrel, Celebrex?		
6. Are you pregnant?		
7. Are you currently suffering from a viral illness, skin rashes or febrile illness?		

**For MASD Health Services Department Only:**

Name of Product Used and Manufacturer: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Date of Test: \_\_\_\_\_ Date of Reading: \_\_\_\_\_

Arm Used: \_\_\_\_\_ Reaction: \_\_\_\_\_

Person Who Administered Test: \_\_\_\_\_

Date of X-Ray: \_\_\_\_\_ Result of X-Ray: \_\_\_\_\_