



SPRING-FORD AREA SCHOOL DISTRICT

DISTRICT ADMINISTRATION OFFICE

857 SOUTH LEWIS ROAD, ROYERSFORD, PA 19468

Report of Tuberculosis Screening for Volunteers

Volunteer Name _____ Date _____

Date of Birth _____

To Whom It May Concern:

The above named individual has been evaluated by _____.
Please Print

- A test (Mantoux / IGRA) for TB infection is not indicated at this time due to:
 - The absence of symptoms suggestive of actual tuberculosis
 - Absence of clinical conditions that are high risk for developing active TB
 - Absence of recent exposure to an individual with pulmonary tuberculosis

- The Individual has a history of a positive test for TB infection. This individual has completed adequate treatment for latent TB infection / TB disease. The individual has no symptoms suggestive of active tuberculosis disease. A chest x-ray is not indicated at this time.

- The individual did have risk for TB exposure and received a test (Mantoux / IGRA) for TB infection. This test was interpreted as negative for infection.

- The individual had a positive TST of _____mm on ____/____/_____. A chest x-ray on ____/____/_____ showed no evidence of active tuberculosis. Treatment of Latent TB infection is not indicated at this time due to:
 - The absence of symptoms suggestive of active tuberculosis
 - Absence of clinical conditions that are high risk for developing active TB
 - Absence of recent exposure to an individual with pulmonary tuberculosis
 - A negative blood test for MTb (IGRA) on ____/____/_____.

Based on the available information, the individual can be considered free of tuberculosis in a communicable form.

Signature: _____
MD / DO / NP / PA

Date: _____