WEST MILFORD TOWNSHIP PUBLIC SCHOOLS

TO:	All New Employees (Full-Time/Part-Time) School Year			
FROM:	Brian Kitchin, Ed.D., Superintendent			
SUBJECT:	Tuberculin Skin Testing			
	The following information must be completed:			
RE:	Employee Name: Employee Position: Employee Building Loc	ation:		
all newly hired	employees (full-time and p	oart-time), all studer	ions, baseline TB testing is rec nt teachers, school bus drivers e contact with students. The fo	on contract
•	tuberculosis test result reg not required in the absence tuberculosis disease unles A school employee, with employment, transferring Repeat TB testing is not r	teacher, and contragardless of when this ce of a known or sustant of the contragardless	ctor of the district with a docu s test was done. Repeat tuberc spected exposure to active or in	ulosis testing is infectious nitial ols. nted tuberculosis
Please schedule	an appointment with your	private physician to	complete this requirement.	
For those indi the first two w	viduals with a starting da eeks in September.	ite of September, y	l, and within two weeks of you must complete this requi	rement within
			ice – West Milford Board of E	
	-	•		,
		(Name)		
		(Address)		
received a tuber	culin skin test on	(Date)	with	results.
(Date)			(Physician's Signature)	
NOTE:			(Physician's Address)	

Please return this completed form to the Superintendent's Office for filing