



Annual Mantoux (TB) Report Form

To Be Completed by Employee:

Employee Name:

Birthdate:

Current Position:

County of Service:

Address:

Telephone: ()

Email:

To Be Completed by Provider:

Date Given	Date Read	Interpretation	
		mm*	Print/Title: Signature/Title:

*For positive Mantoux readings please attach the associated chest x-ray.

If you believe this individual should be exempt from a Mantoux test for medical reasons, please indicate why and if you would recommend this test at a later date:

This individual does not show symptoms of active tuberculosis. I do not have any recommendations for further testing at this time.

This individual shows symptoms indicating suspected or active tuberculosis disease and is under my care. The individual will not be permitted to work until the Agency receives a note from me stating that the conditions outlined below have been met. Recommended course of action will include:

Physician/Examiner:

Signature (MD, DO, PA, FNP)

Title

Date:

Please return to:

The Resource Center for Independent Living
Attn: Human Resource Dept. *Confidential*
409 Columbia Street, PO Box 210
Utica, NY 13503-0210
Phone: (315) 797-4642
Confidential Fax: 1 (888) 959-4260
Email: hrmedical@rcil.com