MANTOUX SKIN TEST

You are required to provide a written statement from a physician or the Department of Health indicating that you have had a negative Mantoux (TB) skin test or chest x-ray taken within the past six months. If your current skin test is "positive" or if you have had a "positive" skin test in the past, you must submit a statement from your physician or the Department of Health indicating that you are currently free of contagious disease.

Please submit this form to: ***Medical, Leaves & Benefits Office (MLB), 65 Court Street, Rm 201, Brooklyn, NY 11201.***

To Be Completed By Applicant:

Name:_____
(First) (M.) (Last)

Street Address: _____ Apt No.: _____

City: _____ State _____ Zip: _____

Home Telephone No.: _____ File No. _____

S. S. No.: _____ License/Position: _____

Region: _____ District: _____ School/Office: _____

Signature:_____ Date: _____

To Be Completed By Physician:

Mantoux Test Date: _____ Results: _____ Chest X-ray Date: _____ Results:_____

Free of contagious disease: Yes _____ No _____

Physician's Signature:_____ Date _____

Print Name, Address and Telephone No.:_____

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