

# Cumberland Regional School District

## Employee Emergency Card **and TB Results**

Employee Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact Information

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3) Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Race & Ethnicity (optional)

#### Race

American Indian/Alaskan Native

Asian

Black/African American

Native American/Pacific Islander

White

#### Ethnicity

Hispanic or Latino

Non-Hispanic or Latino

Medical Issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office use only – Updated: \_\_\_\_\_  
\_\_\_\_\_

### Tuberculosis (Mantoux) Test Results: (check ONE box)

Attached is proof of a negative test result administered in the last 6 months.

Attached is proof of a negative test result administered by a previous school district.

Attached is proof of a positive test result administered at any time.

I needed to be tested, and the test results are below:

Date applied: \_\_\_\_\_ Date read: \_\_\_\_\_ Result: \_\_\_\_\_

Signature of Medical Professional: \_\_\_\_\_

Address: \_\_\_\_\_

I give permission for a copy of this form to be kept on file with our school nurses.

I understand this election is optional.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*For Business Office Use Only*

Date Received \_\_\_\_\_

Date Uploaded \_\_\_\_\_