

LAUSD PARENT VOLUNTEER TB CLEARANCE FORM

NAME _____ BIRTHDATE ___/___/___ ID # _____ SCHOOL _____

Adult Tuberculosis (TB) Risk Assessment Questionnaire¹

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555) To be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse)

History of positive TB test or TB disease Yes No
 If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed*
 If no, continue with questions below.

If there is a "Yes" response to any of the questions 1-5 below, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

Risk Factors
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight lo: Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB. ²
2. Close contact with someone with infectious TB disease
3. Birth in high TB-prevalence country** (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)
4. Travel to high TB-prevalence country** for more than 1 month (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)
5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless

*Once a person has a documented positive test for TB infection that has been followed by an x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required.

¹ Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.

² Centers for Disease Control and Prevention (CDC). *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013. (<http://www.cdc.gov/tb/publications/LTBI/default.htm>) TCB-01 (12/14) Effective January 1, 2015

If there are NO risk factors present; a Mantoux skin test/CXR is NOT required.
 If risk factors are present; must have Mantoux skin test/IGRA and/or CXR (see below)

THERE IS NO EVIDENCE OF ACTIVE TUBERCULOSIS AS DETERMINED BY:

<input type="checkbox"/> MANTOUX Skin Test (5 TU PPD)	<input type="checkbox"/> Quantiferon IGRA	<input type="checkbox"/> CHEST X-RAY (Acceptable only if MANTOUX positive)
Given ___/___/___ Read ___/___/___ Given by _____ Result _____ mm <input type="checkbox"/> POS <input type="checkbox"/> NEG	Collection date: ___/___/___ By: _____ RESULT: Interpretation: _____ (required)	Date of X-Ray ___/___/___ CXR Impression: _____

CERTIFICATE OF COMPLETION

To be signed by the licensed health care provider completing the risk assessment and/or examination

- The above named patient has submitted to a tuberculosis risk assessment. No risk factors present, therefore does not require a TST.
- Tuberculosis risk factors were identified, a TST/IGRA and/or CXR was done and the patient has been examined and determined to be free of infectious tuberculosis.

Health Care Provider Signature _____

Please Print Health Care Provider Name _____ Title _____ License No. _____

Office Address: Street _____ City _____ State _____ Zip Code _____

Telephone _____ Fax _____



LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN

Attachment B

Los Angeles Unified School District
TUBERCULOSIS PHYSICIAN/CLINIC FORM

Dear Volunteer:

All volunteers must be free of active tuberculosis (TB) before they start volunteering. A TB skin test (Mantoux) is mandatory, as stated in California Health and Safety Code §121545 TB Test School Volunteers. This must be done within six months prior to service. Multiple puncture tests are not acceptable. If the Mantoux test is positive, a chest X-ray will be required. Chest X-rays without a history of a previous positive Mantoux cannot be accepted.

Please take this form to a private physician, clinic, or public health agency. If you are unable to pay the fee required by a public health agency, you may request to have the fee waived by the agency. If denied a waiver, you are still responsible for any costs incurred.

Principal Signature: [Handwritten Signature]

Date: 2017-2018

TO BE COMPLETED BY PHYSICIAN/CLINIC:

Patient's Name _____ Date of Birth _____
School _____

THERE IS NO EVIDENCE OF ACTIVE TUBERCULOSIS AS DETERMINED BY:

_____ TB Risk Assessment Questionnaire administered by a licensed health care provider
_____ MANTOUX Skin Test (5 TU PPD)
_____ CHEST X-RAY (Acceptable only if MANTOUX positive)

Date Given: _____ Date Read: _____ Date of X-Ray: _____
Given by: _____ Result (mm): _____

X-Ray Impression: _____
History of positive MANTOUX: _____

Signature of Physician/RN _____ Date _____
Print Name of Physician/RN: _____ Degree: _____ State License Number: _____
Business Address: _____
Business Telephone: _____