LOS ANGELES UNIFIED SCHOOL DISTRICT

EMPLOYEE HEALTH SERVICES – TB COMPLIANCE PROGRAM

Name: _____ **Date of Birth:** _____

Job Title: _____ **Phone No:** _____

Social Security No: _____ **Employee No:** _____ **Email Address:** _____

TUBERCULOSIS CERTIFICATE OF COMPLETION

To be signed by an MD, DO, Physician Assistant, Nurse Practitioner or Registered Nurse.

The above named patient has submitted to an ***ADULT TUBERCULOSIS RISK ASSESSMENT****.*

☐ The patient does not have TB Risk factors.

☐ The patient has TB risk factors, but had a negative skin or blood test on _____ (date).

☐ The patient has been examined, had a chest X-Ray on _____ (date) and is determined to be free of infectious tuberculosis.

Health Care Provider Signature (MD, DO, PA, NP, RN)		Date
Print Health Care Provider's Name	Title	License No.
Address:	City	Zip Code
Telephone	Fax	

RETURN ORIGINAL COMPLETED FORM TO:
Los Angeles Unified School District
Employee Health Services – TB Compliance Program
333 S. Beaudry Avenue, 14-110, Los Angeles, CA 90017
Phone: (213) 241-6326 Fax: (213) 241-8918
E-mail: employeehealth@lausd.net

MEDICAL FACILITY STAMP:

DO NOT SUBMIT THE ADULT TB RISK ASSESSMENT QUESTIONAIRE TO LAUSD.

Adapted from the CDPH/CTCA Adult Tuberculosis (TB) Risk Assessment Questionnaire Certificate of Completion, TCB-01 (12/14)

Refer to *http:publichealth.lacounty.gov/TB* for more Information.

Adult Tuberculosis (TB) Risk Assessment Questionnaire[1]

(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)

Name: _____ Date of Risk Assessment: _____

Date of Birth: _____

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 at initial hire.*
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 loss, excessive fatigue) Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB.[2]	Yes ☐ No ☐
2. Close contact with someone with infectious TB disease	Yes ☐ No ☐
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.)	Yes ☐ No ☐
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.)	Yes ☐ No ☐
5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter	Yes ☐ No ☐

**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)

Do Not Submit Adult Tuberculosis (TB) Risk Assessment Questionnaire to LAUSD

LOS ANGELES UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DIVISION – EMPLOYEE HEALTH SERVICES
Tuberculosis Compliance Program
333 S. Beaudry Ave., 14th Floor, Los Angeles, CA 90017
Phone: (213) 241-6326 Fax: (213) 241-8918 E-mail: employeehealth@lausd.net

Tuberculosis Test Results

Effective January 1, 2015, an Adult TB Risk Assessment will be the primary method used as proof of freedom from tuberculosis for applicants and employees. For individuals who still wish to submit current results from Tuberculin Skin (PPD) or Blood (IGRA) Tests, this form may be used. A chest X-Ray is acceptable only if the PPD or blood test is, or has ever been, positive.

IMPORTANT NOTES — READ CAREFULLY:

1. Use the result form below. If you submit a different result form, it must include your employee number and all information required below for the specific test.
2. **We will not accept incomplete/invalid documentation. Make sure your documentation has the required information to include your name and employee number or social security number.**
3. Only current employees may submit evidence of a negative skin test or chest X-Ray for TB performed within the last three years.
4. Tests shall not be performed on work time. Use illness time as you would for any medical appointment.

SUBMIT RESULTS VIA:

Fax or e-mail: Fax: (213) 241-8918 E-mail: employeehealth@lausd.net

In person: LAUSD; Employee Health Services – TB Compliance Program;
333 S. Beaudry Avenue, 14-110
Los Angeles, CA 90017

U.S. Mail: LAUSD; Employee Health Services; TB Compliance;
P.O. Box 513307-1307: Los Angeles, CA 90051

Employee #: _____	**Name:** _____	**Phone:** _____
MANTOUX SKIN TEST **(Tine skin test unacceptable.)** Test Date: _____/_____/_____ Placed by _____ Date Read _____/_____/_____ Read By _____ **RESULT (REQUIRED)** Induration _____ Millimeters (>9mm is positive) **MEDICAL OFFICE STAMP (REQUIRED):** **Name** _____ **Address** _____ _____ **Phone:** _____	**QUANTIFERON/ IGRA** Collection Date _____/_____/_____ By _____ **RESULT (REQUIRED)** Interpretation _____ **MEDICAL OFFICE STAMP (REQUIRED):** **Name** _____ **Address** _____ _____ **Phone** _____	**CHEST X-RAY** Date X-ray Taken _____/_____/_____ Impression (Not Prelim.)_____ _____ **MD or DO ONLY** MD or DO Name _____ MD or DO License # _____ MD or DO Signature _____ **MEDICAL OFFICE STAMP (REQUIRED):** **Name** _____ **Address** _____ _____ **Phone** _____

To confirm if your form has been received, please e-mail **employeehealth@lausd.net**, Subject: TB Notice/ (your employee #).

*****Keep a copy for your records*****