



**LOS ANGELES UNIFIED SCHOOL DISTRICT  
OFFICE OF THE CHIEF MEDICAL DIRECTOR  
EMPLOYEE HEALTH SERVICES**

333 S. Beaudry Ave., 14<sup>th</sup> Floor, Los Angeles, CA 90017  
Phone: (213) 241-6326 ~ Fax: (213) 241-8918  
Email: [employeehealth@lausd.net](mailto:employeehealth@lausd.net)

**Tuberculosis Test Results**

Effective January 1, 2015, an Adult TB Risk Assessment is the primary tool used for Tuberculosis screening for applicants, employees, and volunteers. 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.

**APPLICANTS NOTE** Risk Assessments, blood or skin tests must be done within 60 days prior to the date of employment. Chest X-rays must have been done within 6 months prior to the date hire and only if there is a history of a previous positive skin or blood test. The preferred form for documenting the results of the Adult TB Risk Assessment only is the *Certificate of Completion, Form 8478*.

**IMPORTANT NOTES FOR APPLICANTS AND CURRENT EMPLOYEES:**

- 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 and medical office stamp.**
- Current employees only may submit evidence of a negative TB skin, blood test or chest X-Ray performed within the last three years. (Chest x-ray results will not be accepted without proof of previous positive skin or blood test)
- 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](mailto: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

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

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

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