



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

ATTACHMENT II

Los Angeles Unified School District TUBERCULOSIS PHYSICIAN/CLINIC FORM

Dear Prospective Volunteer:

Thank you for your interest in volunteering at our school. 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. 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 or District Office Administrator Signature

Date

School or Office: _____

TO BE COMPLETED BY PHYSICIAN/CLINIC:

Patient's Name: _____

Date of Birth: _____

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) or Interferon-Gamma Release Assays (IGRA) blood test

_____ 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 #: _____

Business Address: _____ Business Telephone: _____