



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

Name: _____

Date of Birth: _____

Job Title: _____

Phone: _____

Social Security No: _____ or Employee No: _____

Email Address: _____

TUBERCULOSIS CERTIFICATE OF COMPLETION

Check One:

- The patient does not have TB risk factors per the **ADULT TUBERCULOSIS RISK ASSESSMENT**.
- The patient had a negative skin or blood test on _____ (date).
APPLICANTS: Date of test must be within 60 days prior to date of hire.
- The patient had a positive skin or blood test, followed by a negative chest x-ray on _____ (date).
APPLICANTS: Date of x-ray must be within six months prior to date of hire.

The above named patient does not have risk factors, or if risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

Health Care Provider Signature (MD, DO, PA, NP, RN ONLY)

Date

Print Health Care Provider's Name

Title

License No.

Address:

City

Zip Code

Telephone

Fax

RETURN ORIGINAL COMPLETED FORM TO:

LAUSD 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 (REQUIRED):

Refer to <http://publichealth.lacounty.gov/TB> for more information.



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)

- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- **Do not repeat testing** unless there are **new risk factors since the last negative test**.
- *Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:*
For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing.
A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.

Name of Person Assessed for TB Risk Factors: _____

Assessment Date: _____ Date of Birth: _____ Employee #: _____

History of Tuberculosis Disease or Infection (Check appropriate box below)

- Yes**
- If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.
- No** (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if any of the 3 boxes below are checked

- One or more sign(s) or symptom(s) of TB disease**
- TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.
- Birth, travel, or residence** in a country with an elevated TB rate for at least 1 month
- Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.
 - Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.
- Close contact** to someone with infectious TB disease during lifetime

Treat for LTBI if TB test result is positive and active TB disease is ruled out

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