



LOS ANGELES UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DIVISION – 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

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

MEDICAL FACILITY STAMP (REQUIRED):





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)

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 <input type="checkbox"/> No <input type="checkbox"/>
2. Close contact with someone with infectious TB disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter	Yes <input type="checkbox"/> No <input type="checkbox"/>

**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>)