

TB Clearance For Volunteers

You may NOT begin volunteering in a classroom until TB clearance has been received.

If you've had a TB test within the last four years, please submit a copy of that clearance. You will also need to submit an Adult Tuberculosis (TB) Risk Assessment Questionnaire that has been certified by a licensed health care provider (physician, physician assistant, nurse practitioner or registered nurse).

If ALL of the answers on the questionnaire are NO

- Return the copy of the TB clearance and the questionnaire certified by a licensed health care provider

If ANY of the answers to the questionnaire are YES

- You must have a TB skin test
- If the TB skin test is negative, submit this updated clearance
- If the TB skin test is positive, you must have a chest x-ray and submit the results to verify that you are free of infectious TB

If you have NOT had a TB test within the last four years, you must have a TB skin test. You may go to the health care facility of your choice to have the test. Please check with your medical insurance company as some plans cover the cost of the test. Otherwise, it is your responsibility to pay for the test. The cost at most health care facilities is minimal (\$20 to \$30).

- If the TB skin test is negative, submit this updated clearance
- If the TB skin test is positive, you must have a chest x-ray and submit the results to verify that you are free of infectious TB

Please submit the clearance paperwork to the office at the school in which you will be volunteering.
Thank you.



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>)



ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

CERTIFICATE OF COMPLETION

To be signed by the licensed health care provider completing the risk assessment and/or examination

Name: _____

Date: _____

Date of Birth: _____

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

Health Care Provider Signature

Please Print Health Care Provider Name

Title

Office Address: Street

City

State

Zip Code

Telephone

Fax