

Clovis Unified School District

ADULT TUBERCULOSIS (TB) RISK ASSESSMENT

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

Employee Name

Employee ID Number

Status

Phone Number

Site/Department

Position Title

I hereby give consent to administer the Adult Tuberculosis (TB) Risk Assessment. Furthermore, I certify that my answers below are true and correct.

Employee Signature

Date

*To be administered by a licensed health care provider
(physician, physician assistant, nurse practitioner, registered nurse)*

History of positive TB test or TB disease

New Employee: If yes, a symptom review and chest x-ray should be performed at initial hire (if none performed in previous 6 months).
Existing Employee: Continue with questions below:

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. Close contact with someone with infectious TB disease
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.)
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.)
5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter

All answers are **NO**. The above-named employee has submitted to a Tuberculosis Risk Assessment and does not have risk factors and therefore does not need to receive the PPD at this time.

Some answers are **YES**. If there is a "Yes" response to any of the questions 1-5 above, then a Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA) may be performed.

A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

- Employee elects Clovis USD to administer Tuberculin Skin Test (TST).
 Employee elects outside medical examination.

Signature/Title of Administering Personnel

Date of Risk Assessment

Clovis Unified School District

1680 David E. Cook Way

Clovis CA 93611

559 327-9565