

**Exhibit "C"**  
**Tuberculosis Clearance**

The undersigned does hereby certify to the Governing Board of the District as follows:

I am a representative of the Contractor ("CBO") currently entering into this Agreement with the District and I am familiar with the facts herein certified, and am authorized and qualified to execute this certificate on behalf of Contractor.

Contractor's responsibility for tuberculosis clearance extends to all of its employees, subcontractors, and employees of subcontractors coming into contact with District students regardless of whether they are designated as employees or acting as independent contractors of the Contractor.

Contractor certifies that at least one of the following items applies to the Services that are the subject of the Agreement:

- ☐ The Contractor has complied with the tuberculosis requirements of Education Code Section 49406.1 with respect to all Contractor's employees and all of its subcontractors' employees who may have contact with District students in the course of providing Services pursuant to the Agreement, and the California Department of Justice has determined that none of those employees has active tuberculosis, as that term is defined in Education Code Section 45122.1. A complete and accurate list of Contractor's employees and of all of its subcontractors' employees who may come in contact with District students during the course and scope of the Agreement is attached hereto; and/or
- ☐ Contractor's Services under the Agreement are to be provided at an unoccupied school site only and/or will not be done on any District property and no employee and/or subcontractor or supplier of any tier of Agreement shall come in contact with District students.

**Contractor**

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
Signature of Contractor's Authorizer

\_\_\_\_\_  
Printed Name (*First MI Last*)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date (*mm/dd/yy*)