



Newport-Mesa Unified School District

ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

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

To satisfy California Ed. Code Section 49406 and Health and Safety Code Sections 121525-121555 requires the use of an Adult Risk Assessment Questionnaire and a Certificate of Completion form.

A licensed health care provider (physician, physician assistant, nurse practitioner, or registered nurse) must administer the Risk Assessment and sign off on the Certificate of Completion form (attached).

- If NO risk factors are identified on the Risk Assessment Questionnaire, the screening is complete and the Certificate of Completion is filled out and returned to the volunteer to submit in their volunteer application.
- If there is a risk factor, a TB Skin test should be performed.
 - o If the TB test is negative, the Certificate of Completion will be completed.
 - o If the TB test is positive, a chest x-ray should be performed. If there are no signs of infectious TB, the Certificate of Completion will be completed. **Once you have tested positive you can no longer be administered a TB Test. If you have tested positive in the past you will need to be reassessed to see if you will need a Chest X-ray.**

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. 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 positive, 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) Yes No
 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. Yes No
3. Birth in high TB-prevalence country** Yes No
 (**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. Yes No
 (**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 Yes No



Newport-Mesa Unified School District
ADULT TUBERCULOSIS (TB) CERTIFICATE OF COMPLETION &
REFERRAL AND AUTHORIZATION FOR MEDICAL SERVICES

Present this form to the medical facility*

ADULT TUBERCULOSIS (TB) RISK ASSESMENT
CERTIFICATE OF COMPLETION

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

By signing this form, you are confirming you have given the patient a Risk Assessment Questionnaire and/or Examination

Patient Name: _____ Date of Risk Assessment: _____

Date of Birth: _____ Position: _____

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

Office Address: Street _____ City _____ State _____ Zip Code _____

 Date _____ Phone _____ Fax _____

*This form is to be **submitted as part of your Volunteer Application** on Raptor or:*

NEWPORT-MESA UNIFIED SCHOOL DISTRICT
2985 Bear Street, Bldg. A, Costa Mesa, CA 92626

*The following locations for TB assessment/skin testing throughout the year are suggested:

1. Personal private physician/health insurance provider
2. HOPE Clinic, BESST Center, 2045 Meyer Place, Costa Mesa, CA 92627 – offers free TB assessment/skin tests for NMUSD volunteers; does not administer chest x-rays. Please call (949) 515-6725 for an appointment.
3. Local Walk-in Clinics