



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

Please present this form and the included questionnaire to the medical facility* completing your Tuberculosis (TB) screening.

PATIENT INFORMATION

Full Name : **Date Of Birth** :
Date of Risk Assessment : **Position** :

HEALTH CARE PROVIDER CERTIFICATION

By signing this form you are confirming the above-named patient has submitted to a tuberculosis risk assessment and/or examination. 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 infection tuberculosis.

Health Care Provider Signature : **Date** :

Health Care Provider Name (print) :

Office Address :

Phone : **Fax** :

*The following locations are suggested for TB screening:

1. Personal private physician, health care provider
2. Local walk-in clinics - such as CornerHealth Urgent Care, Vital Urgent Care, CVS Minute Clinic, etc.



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- 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 patient.
- If there IS a risk factor, a TB skin test should be performed.
 - If the TB test is negative, the Certificate of Completion will be completed.
 - If the TB test is positive, the chest x-ray should be performed. If there are no signs of infections 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, you will be reassessed to see if a chest x-ray is needed.

PATIENT INFORMATION

Full Name : **Date Of Birth** :

Date of Risk Assessment :

RISK ASSESSMENT

History of positive TB test or TB disease Yes No

If yes, a system 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 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 or 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
- 2) Close contact with someone with infectious TB disease. Yes No
- 3) Birth in high TB-prevalence country** Yes No
- 4) Travel to high TB-prevalence country for more than 1 month** Yes No
- 5) Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter Yes No

*NOTE: A chest x-ray and/or sputum examination may be necessary to rule out infection TB.

**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe