Central Unified School District
Human Resources Department • 4605 N. Polk Avenue • Fresno, CA 93722 • (559) 274-4700 • www.centralunified.org

Adult Tuberculosis (TB) Risk Assessment Questionnaire[1]

The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading TB. Use of this risk assessment is required in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055 and 121525, 121545, and 121555.

The law requires that a health care provider administer this risk assessment. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. Any person administering this risk assessment is to have training in the purpose and significance of the risk assessment and Certificate of Completion.

_____ _____

Name of Employee/Volunteer Assessed for TB Risk Factors **Assessment Date**

_____ _____

Date of Birth **Social Security (last 4 digits)**

☐ **Certificated** ☐ **Classified** **Job Title:** _____

History of Tuberculosis Infection or Disease (Check appropriate box below)
☐ **Yes** If there is a documented history of positive TB test (infection) or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray, and was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider
☐ **No** (Assess for Risk Factors for Tuberculosis using box below)

Risk Factors for Tuberculosis (Check appropriate boxes below) If any of the 5 boxes below are checked, perform a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). Re-testing with TST or IGRA should only be done in persons who previously tested negative, and have new risk factors since the last assessment. A positive TST or IGRA should be followed by a chest x-ray, and if normal, treatment for TB infection considered. (Centers for Disease Control and Prevention [CDC]. *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers. 2013)*
☐ **One or more signs and symptoms of TB:** prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue. Evaluate for active TB disease with a TST or IGRA, chest x-ray, symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.
☐ **Close contact** to someone with infectious TB disease at any time
☐ **Foreign-born** person from a country with an elevated TB rate Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. IGRA is referred over TST for foreign-born persons.
☐ **Consecutive travel or residence of ≥ 1 month** in a country with an elevated TB rate Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
☐ Volunteered, worked or lived in a **correctional or homeless** facility

I declare under penalty of perjury, under the laws of the State of California, that all answers contained in this questionnaire are true and correct, with full knowledge that all answers made on this questionnaire are subject to investigation and that any false or dishonest answer may be grounds for denial of employment.

_____ _____

Employee Signature Date

CERTIFICATE OF COMPLETION

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

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, has been examined and determined to be free of infectious tuberculosis.

Health Care Provider:

_____ _____

Signature Date

Created: 01.26.15 / lb
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