Newport-Mesa
Unified School District

Tuberculosis (TB) Certificate of Completion

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 Assessment and/or Examination : **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. SOS Clinic at the BESST Center - *for a limited time, TB screening (excluding chest x-rays and bloodwork) are offered at no cost to prospective volunteers. Please visit the NMUSD volunteer information page for the most updated clinic hours.*
2. Personal private physician, health care provider
3. Local walk-in clinics - such as CornerHealth Urgent Care, WellnessMart, CVS Minute Clinic, etc.

This certificate is to be submitted as part of your online Volunteer Application.

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Tuberculosis (TB) Risk Assessment Questionnaire

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.

The questionnaire below must be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, or registered nurse).

- 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 can 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 can 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 symptom review and chest x-ray (if none performed in previous 6 months) should be performed.
If no, continue with questions below.

Risk Factors

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.

1) **One or more signs and symptoms of TB** ◯ Yes ◯ No
   - *TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue*

2) **Birth, travel or residence in a country with an elevated TB rate for at least 1 month** ◯ Yes ◯ No
   - *Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.*
   - *Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons*

3) **Close contact to someone with infectious TB disease during lifetime** ◯ Yes ◯ No