



About Your TB Clearance

Every school volunteer must submit and maintain a valid TB clearance in order to volunteer on our campus or on field trips.*

If you are a RETURNING Miller Volunteer:

- Your TB clearance is good for 4 years from the date of your TB test result or certificate.
- **If you aren't sure how long you have left before your TB clearance expires**, you can find that information on the list of last year's approved volunteers, available in Miller's front office.
- **If your TB clearance has not expired**, please locate the *TB Risk Assessment Questionnaire and Certificate of Completion* inside your application packet and write "ON FILE" in big letters across that form. We will confirm your TB clearance status while processing your application.
- **If your TB clearance has expired**, please follow the instructions below as if you are a new volunteer.

If you are a NEW Miller Volunteer:

- **Bring the enclosed *TB Risk Assessment Questionnaire and Certificate of Completion* forms to an appropriate health care professional.** This could be your family doctor, physician's assistant or nurse practitioner; or a clinic such as Minute Clinic (inside some CVS stores); or the nurses at the school district's annual TB Clinic for Volunteers (see flyer included in this packet for dates and times).
- During your TB assessment, **you must complete and sign the *Initial Assessment* portion** of the TB forms. The health care provider will determine if further testing is needed.
- If no risk factors are found, **the health care provider will complete and sign the bottom portion of the "Certificate of Completion."** (You need to complete the top portion.)
- If a skin test, blood test, or chest x-ray are performed and passed, then you must attach a copy of that test result to your volunteer application packet.
- **You must submit either the *TB Risk Assessment Questionnaire and Certificate of Completion* (completed and signed by you and the health care provider) or a copy of the test result in order for your volunteer application to be processed.**

If you have any questions, please contact Miller's Volunteer Coordinator.

*In accordance with provisions of Education Code and the recently enacted guidelines of Assembly Bill 1667, each employee and/or volunteer is required to submit to a Tuberculosis Risk Assessment. If risk factors are identified, an additional examination to determine that s/he is free of infectious tuberculosis shall be conducted. This examination shall be conducted by a physician, physician assistant, nurse practitioner or, in specific situations, by a registered or school nurse. This examination may include obtaining an intradermal Mantoux test and, when necessary, a chest x-ray. The implementation of Assembly Bill 1667 requires ALL volunteers to complete the risk assessment (including those individuals who have a documented history of a POSITIVE skin test), certificate of completion and submit to an examination as necessary. If there are no risk factors, and there is no history of positive skin test, additional examination is not necessary. The risk assessment process is required no less than once every four years.

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Para asistencias con traducciones en español, por favor comuníquese con la oficina escolar Miller.

TB Clinic for Volunteers

All volunteers, including overnight chaperones, are required to obtain a Tuberculosis Risk Assessment with a Certificate of Completion. If your TB risk assessment indicates that a Mantoux (skin) TB test is required, TB tests will be available through the District's clinic for a fee of \$5.00 . No chest x-rays will be provided. Mantoux testing requires follow-up reading 48 hours later. The District will not re-administer the test if you do not return for the required reading. If you believe you will be volunteering during the school year, you are encouraged to participate in this TB Clinic. *The Burbank Unified School District offers one opportunity annually to obtain risk assessments, no additional district sponsored clinics will be offered.*

John Burroughs High School

Health Office – Lenora Aguilera, Head School Nurse
1920 West Clark Avenue • Burbank, CA 91506
(818) 729-6900 ext. 61999

Tuberculosis Risk Assessment Clinic

Monday, September 23, 2019
3:00 p.m. – 5:00 p.m.

If you arrive prior to 3:00 pm, please line up outside the main entrance to the school.

If you are unable to attend the BUSD clinic, please contact your healthcare provider to complete the TB Risk Assessment and the Certificate of Completion. **Blank TB Risk Assessment and Certificate of Completion forms are available at school site health offices. You may also contact Health Services at the district office for the forms.**

**All-Inclusive Community
Health Center**
1311 North San Fernando Blvd.
Burbank, CA 91504
(818) 843-9900

Burbank Occupational Health Center
3413 Pacific Avenue
Burbank, CA 91505
(818) 953-4408

You are strongly encouraged to contact the individual facility(ies) as fees and hours will vary.



California School Employee Tuberculosis (TB) Risk Assessment Questionnaire

(for pre-K, K-12 schools and community college employees, volunteers and contractors)



- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555.^
- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- **Do not repeat testing** unless there are **new** risk factors since the last negative test.
- **Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:**
For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.

EMPLOYEE'S FULL NAME: _____

SOCIAL SECURITY #: XXX-XX-_____ DATE OF BIRTH: _____ ASSESSMENT DATE: _____

JOB TITLE(S): _____

WORK LOCATION(S): _____

History of Tuberculosis Disease or Infection (Check appropriate box below)	
<input type="checkbox"/>	Yes <ul style="list-style-type: none"> • If there is a <u>documented</u> history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.
<input type="checkbox"/>	No (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if <u>any</u> of the 3 boxes below are checked	
<input type="checkbox"/>	One or more sign(s) or symptom(s) of TB disease <ul style="list-style-type: none"> • TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.
<input type="checkbox"/>	Birth, travel, or residence in a country with an elevated TB rate for at least 1 month <ul style="list-style-type: none"> • Includes countries <u>other than</u> 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.
<input type="checkbox"/>	Close contact to someone with infectious TB disease during lifetime
Treat for LTBI if TB test result is positive and active TB disease is ruled out	

^The law requires that a health care provider administer this questionnaire. 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. A Certificate of Completion should be completed after screening is completed (page 2).



Certificate of Completion Tuberculosis Risk Assessment and/or Examination

To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

First and Last Name of the person assessed and/or examined:

Date of assessment and/or examination: _____ mo./_____ day/_____ yr.

Date of Birth: _____ mo./_____ day/_____ yr.

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.

X _____

Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):