



362 N. Clovis Ave. Ste #102  
Clovis, CA 93612  
Phone: 559.327.2873  
Fax: 1.877.301.1920

### School Staff Tuberculosis Risk Assessment

Starting June 13<sup>th</sup> 2018, miCare Health Center will be reviewing risk assessment forms for CUSD school staff who are on the CUSD Health Plan, in accordance with California Education Codes and California Health and Safety Codes.

The attached forms are to be filled out and faxed to miCare Health Center at 1.877.301.1920.

Once reviewed, the miCare Health Center will contact you with information on your results and advise you if further testing is required.

**Employee Information:** Please make sure all information below is filled out completely.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Best Contact Number \_\_\_\_\_

**PLEASE CIRCLE**

Is it ok for miCare to leave a voice message if no response is received? YES NO

What is the best way to return the Certificate of Completion to you?

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

MAIL \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Clovis Unified School District

## ADULT TUBERCULOSIS (TB) RISK ASSESSMENT

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

Employee Name	Employee ID Number	<input type="checkbox"/> New Employee <sup>1</sup>
		<input type="checkbox"/> Existing Employee <sup>2</sup>
		<input type="checkbox"/> Retiree
Site/Department	Position Title	

I hereby give consent to administer the Adult Tuberculosis (TB) Risk Assessment.  
Furthermore, I certify that my answers below are true and correct.

Employee Signature	Date
--------------------	------

<i>To be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse)</i>	
History of positive TB test or TB disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>New Employee:</b> If yes, a symptom review and chest x-ray should be performed at initial hire (if none performed in previous 6 months). <b>Existing Employee:</b> Continue with questions below:	
<b>Risk Factors</b>	
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue) Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Close contact with someone with infectious TB disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Birth in high TB-prevalence country** (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Travel to high TB-prevalence country** for more than 1 month (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter	Yes <input type="checkbox"/> No <input type="checkbox"/>

All answers are NO. The above named employee has submitted to a Tuberculosis Risk Assessment and does not have risk factors and therefore does not need to receive the PPD at this time.

Some answers are YES. If there is a "Yes" response to any of the questions 1-5 above, then a Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA) may be performed.

A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

Employee elects Clovis USD to administer Tuberculin Skin Test (TST).

Employee elects outside medical examination.

Signature/Title of Administering Personnel	Print Name of Administering Personnel	Date of Risk Assessment
Clovis Unified School District	1680 David E. Cook Way Clovis CA 93611	559 327-9565

Original: Human Resources