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 skin testing unless there are new risk factors since the last negative test.

Name of Person Assessed for TB Risk Factors:_____

Assessment Date:_____ **Date of Birth:** _____

History of Tuberculosis Disease or Infection (Check Appropriate Box Below)
I have had TB disease in the past ☐ **Yes** ☐ **No** I have had a positive TB skin test in the past. ☐ **Yes** ☐ **No**
If there is a documented 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 not required to submit repeat chest X-rays on subsequent risk assessments, unless indicated.
NOTES:

TB testing is recommended if any of the three boxes below are checked
☐ **Yes** ☐ **No:** Do you have any of the following signs and symptoms of TB? Prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.
Birth, Travel, or Residence in a country with an elevated TB rate* (*includes countries other than the US, Canada, Australia, New Zealand, or Western and North European countries) ☐ **Yes** ☐ **No:** I was born outside the United States? If so, where? _____ ☐ **Yes** ☐ **No:** I have traveled or lived outside the US for more than *one month in the past four years*. If yes, where? _____ NOTES:
☐ **Yes** ☐ **No:** Have you had known close contact with someone with infectious TB in your lifetime?
Interferon gamma release assay (IGRA) is preferred over tuberculin skin test for non-US-born persons Treat for LTBI if TB test 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.

Health Care Provider: ***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.

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 12155

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

Date of assessment and/or examination:

Date of Birth:

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.

_____

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

_____, School Nurse

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