



FREEDOM FROM TUBERCULOSIS CLEARANCE

DISTRICT/CHARTER _____

How to obtain your “Freedom from Tuberculosis” clearance:

No classified or certificated applicant shall be initially employed unless he/she has placed on file with the district a certificate from a physician licensed under the Business and Professions Code indicating that a tuberculosis examination within the past 60 days shows that he/she is free from active tuberculosis. (Education Code 49406; 5 CCR 5503)

An applicant who was previously employed in another California school district may fulfill the TB examination requirement by either producing a certificate showing that he/she was examined within the last four years and found to be free of active TB or by having the school district that last employed him/her verify that it has on file a certificate which contains that evidence. (Education Code 494406)

Tuberculin Skin Tests (TB Tests) are good for four (4) years, therefore you must be retested every four years.

The TB skin test takes two visits – so plan your time accordingly. (The second visit must be made 48-72 hours after the first visit.) If you miss the second visit, the test must be repeated at your own expense.

BRIGGS AND SANTA CLARA EMPLOYEES:

The Ventura County Public Health Services provides TB skin tests at the locations and times listed on the back of the pink card. You may want to call the health center of your choice to verify the clinic’s hours. Give the pink card to the health center in order to cover the cost of the TB test.

Also, be sure to take the yellow “Freedom from Tuberculosis Verification” card with you. You will need to return this yellow card to the district office once the physician has signed it verifying you are free from TB.

MESA AND SOMIS EMPLOYEES:

Employees will be directed to the Phelps Medical Center, 2275 Las Posas, Camarillo for TB skin tests. Please call (805) 388-3732 for an appointment. Hours are 8:00 a.m. – 5:00 p.m. Monday - Thursday.

Be sure to take the yellow “Freedom from Tuberculosis Verification” card with you. You will need to return this yellow card to the district office once the physician has signed it verifying you are free from TB.

VCSBSA EMPLOYEES:

Employees will be directed to the ConcertaWalk-in Clinic, 4934 Verdugo Way, Camarillo for TB skin tests. No appointment is necessary. Hours are 8:00 a.m. – 6:00 p.m. Monday–Friday. Phone number is (805) 484-0095.

Be sure to take the yellow “Freedom from Tuberculosis Verification” card with you. You will need to return this yellow card to your office once the physician has signed it verifying you are free from TB.

Adult Tuberculosis (TB) Risk Assessment Questionnaire¹

(To satisfy California Education Code Section and Health and Safety Code)

To be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse)

Name: _____

Date of Risk Assessment: _____

Date of Birth: _____

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 at initial hire.*

If no, continue with questions below.

If there is a "Yes" response to any of the questions 1-5 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 normal, treatment for TB infection considered.

Risk Factors		
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. ²	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"/>

** Once a person has a documented positive test for TB infection that has been followed by an x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required.*

¹ Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.

² Centers for Disease Control and Prevention (CDC). *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013.
(<http://www.cdc.gov/tb/publications/LTBI/default.htm>)

ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

(To satisfy California Education Code Section and Health and Safety Code)

CERTIFICATION OF COMPLETION

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

Name: _____

Date: _____

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.

Health Care Provider Signature

Please Print Health Care Provider Name

Title

Office Address: Street

City

State

Zip Code

Telephone

Fax