



TUBERCULOSIS EXAMINATION

Per California SB1038, new and ongoing employee TB clearances will no longer require a Tuberculosis Skin Test or a Tuberculosis Blood Test. Instead employees will be required to have a Certificate of Completion TB Risk Assessment and/or Examination Form completed by a California licensed physician or physician assistant or nurse practitioner.

Upon initial employment and as a condition of employment, and every four years thereafter, you are required to file documentation with the Human Resources (HR) Office indicating that you are free from active tuberculosis.

You MUST submit this documentation prior to your FIRST date of employment, failure to do so will cause a delay in your start date. If you have verification indicating that you are free from active tuberculosis dated within the past four years, you may submit a copy to the Human Resources Office.

Please have the TB Assessment Form completed AND the Certificate of Completion submitted to Human Resources prior to your first date of employment. **If you do not have a medical provider, you may have the Risk Assessment reviewed by Health Services Office in the Student Center (Room 601F) free of charge.** For Health Services hours of operations, contact (619) 482-6354. SWC does not pay and will not reimburse for any charges incurred for any test and/or chest x-ray.

	ACCEPTABLE DOCUMENTATION	
I have record of a previous test.	<p>If you have verification indicating that you are free from active tuberculosis dated within the past four years, you may submit a copy to the HR Office.</p> <p>Examples: Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA) blood test.</p>	
My TB test expired or I cannot obtain a record of my last TB test.	<p>Have a TB Risk Assessment form (page 2) <u>AND</u> Certificate of Completion (page 3) completed by a California licensed physician or California physician assistant or nurse practitioner</p> <ul style="list-style-type: none"> If TB risk factors are identified, the individual will be required to go to a medical facility and undergo a TB examination to determine if they are free from active Tuberculosis. If an examination is necessary, it would consist of an approved intradermal TB test or any other test for TB infection recommended by the federal Centers for Disease Control and Prevention (CDC), and licensed by the federal Food and Drug Administration (FDA) that, if positive, shall be followed by an X-ray of the lungs. 	
I am a positive reactor.	<p>Chest x-ray completed <6 months ago:</p> <ul style="list-style-type: none"> Complete TB Risk Assessment <u>AND</u> Certificate of Completion (completed by a medical provider) 	<p>Chest x-ray completed >6 months ago:</p> <ul style="list-style-type: none"> Repeat chest x-ray (SWC does not do chest x-ray) Complete TB Risk Assessment Form <u>AND</u> Certificate of Completion (completed by a medical provider)
What if I'm pregnant?	<p>TB Risk Assessment form (page 2) <u>AND</u> Certificate of Completion (page 3) completed by a medical provider.</p>	<p>The x-ray requirement shall be suspended for any pregnant employee for a period of time not to exceed 60 days following the end of the pregnancy with a doctor's note.</p>

Please return the Certificate of Completion form to Human Resources at:

Southwestern Community College District
Human Resources, Room 1670
900 Otay Lakes Road
Chula Vista, CA 91910
(619) 482-6395

Job-related requirement for child care, pre-K, K-12, and community colleges

The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading TB. Use of this risk assessment is required in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055 and 121525, 121545, and 121555.

The law requires that a health care provider administer this risk assessment. 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. Any person administering this risk assessment is to have training in the purpose and significance of the risk assessment and Certificate of Completion.

Name of Employee/Volunteer Assessed for TB Risk Factors: _____

Assessment Date: _____

Date of Birth: _____

History of Tuberculosis Infection or Disease (Check appropriate box below)

☐ **Yes**

If there is a documented history of positive TB test (infection) or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

☐ **No** (Assess for Risk Factors for Tuberculosis using box below)

Risk Factors for Tuberculosis (Check appropriate boxes below)

If any of the 5 boxes below are checked, perform a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). Re-testing with TST or IGRA should only be done in persons who previously tested negative, and have new risk factors since the last assessment. A positive TST or IGRA should be followed by a chest x-ray, and if normal, treatment for TB infection considered. (Centers for Disease Control and Prevention [CDC]. *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013)

☐ **One or more signs and symptoms of TB:** prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue.

Evaluate for active TB disease with a TST or IGRA, chest x-ray, symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

☐ **Close contact** to someone with infectious TB disease at any time

☐ **Foreign-born person** from a country with an elevated TB rate

Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. IGRA is preferred over TST for foreign-born persons

☐ **Consecutive travel or residence of ≥ 1 month** in a country with an elevated TB rate

Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.

☐ **Volunteered, worked or lived in a correctional or homeless facility**



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 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 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):

Telephone and FAX: