Pasadena City College Student Health Services

School Staff & Volunteers: Tuberculosis Risk Assessment

Job-related requirement for childcare, 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 through 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.

The questions below are a combination of the recommendations of the California Department of Public Health/California Tuberculosis Controllers Association, Los Angeles County Public Health TB Control and Pasadena Public Health TB control.

Name of	Name of Employee/Volunteer Assessed for TB Risk Factors:							
Assessment Date:				Date of Birth:				
they wand In A posino evi	vere screened that eterferon Gamma tive TST or IGR	ley should be r a Release Ass A should be fo TB, treatment) are listed bel eevaluated. The ay (IGRA) for i llowed by a ch	ne choice between rescreening depend lest x-ray and in so	s new risk factors since the last time a Mantoux tuberculin skin test (TST) ds on a person's screening history. The cases sputum cultures. If there is considered. Circle any new risk factors			
*	One or more signs and symptoms of TB: prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue.							
*	Close contact to someone with infectious TB disease at any time							
*	Birth, travel or residence in a country with an elevated TB rate for at least one month. Any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe							
*	Immunosuppression, current or planned organ transplant, TNF alpha antagonist meds, steroids equivalent to prednisone ≥15mg/day for ≥1 month or other immunosuppressive meds or HIV							
*	Volunteered, worked or lived in a correctional, homeless, drug rehab, nursing home or other congregate living facility							
□ No	new Risk Facto	ors to prompt re	escreening	☐ One or more ne	ew Risk Factors to prompt rescreening	j		
Clinicia	n Name	Print	Signat	ure	Date			

To Be Completed by Employee

If the Tuberculosis Risk Assessment is administered through Pasadena City College Student Health Services, then the employee needs to agree to Telehealth and Release of Information by signing below.

Telehealth Consent

I consent to receive TeleHealth services with the Student Health Services (SHS) staff and providers. which may require me to use electronic devices, such as a smartphone or desktop/laptop with a two-way webcam and audio capability before, during, and after my appointment takes place. I understand that there are inherent risks, benefits, and security limitations to using these e-visit formats, including unsecured privacy at my location, and I voluntarily assume them.

- I understand that Student Health Services will take all measures possible to keep all my information private and confidential, including encryption and a HIPAA-compliant platform.
- I have read and understand the information provided above.

Release of Information

I authorize Pasadena City College Student Health Services to:

- Release the above information to the District's Human Resources for its employee tuberculosis screening record keeping.
- Release to me my Certificate of Completion Tuberculosis Risk Assessment and/or Completion.

CC Employee ID#:						
lame:	Signature:		Date:			
hone Number:	Email a	address:				
	Do not fill out or sign an	y of the fields below this lin	е.			
To	Certificate of uberculosis Risk Assessı (To Be Completed by H	ment and/or Examin				
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 through 121555.						
Person assessed and/or examined:						
First:	Last	Name:				
Date of assessment and	or examination: m	onth/day/	year			
Date of Birth: mo	onth/day/ye	ear				
	nt has submitted to a tubero perculosis risk factors were infectious tuberculosis.					
X						
Signature and title of He (Must be MD, PA or NP if CXR wa	alth Care Provider complet as required)	ing the risk assessme	ent and/or examination			
Office stamp or label with Healt	th Care Provider/Facility name, str	eet, city, state and zip code.	:			
If assessment completed at Pa Health Services, place stamp	asadena City College Student here:	Outside Health Care Prov	vider/Facilities:			
Tolophono number: 626 595 7	244 Fax number: 626-585-7933					