



# 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 testing unless there are **new** risk factors since the last negative test.
- 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.*

Name of Person Assessed for TB Risk Factors: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

History of Tuberculosis Disease or Infection (Check appropriate box below)	
<input type="checkbox"/>	<b>Yes</b> <ul style="list-style-type: none"> <li>• If there is a <b>documented</b> 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 no longer required to submit to a TB risk assessment or repeat chest x-rays.</li> </ul>
<input type="checkbox"/>	<b>No</b> (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if <u>any</u> of the 3 boxes below are checked	
<input type="checkbox"/>	<b>One or more sign(s) or symptom(s) of TB disease</b> <ul style="list-style-type: none"> <li>• TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.</li> </ul>
<input type="checkbox"/>	<b>Birth, travel, or residence in a country with an elevated TB rate for at least 1 month</b> <ul style="list-style-type: none"> <li>• Includes countries <u>other than</u> the United States, Canada, Australia, New Zealand, or Western and North European countries.</li> <li>• Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.</li> </ul>
<input type="checkbox"/>	<b>Close contact to someone with infectious TB disease during lifetime</b>
Treat for LTBI if TB test result 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 (page 3).



## 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 the 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 and determined 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):**





## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## **Springs Charter Schools Volunteer Code of Conduct**

**In my role as a Springs Charter Schools Volunteer, I agree to abide by the following Volunteer Code of Conduct:**

1. Immediately upon arrival, I will sign in at the front office.
2. I will wear or show a volunteer identification whenever required by the school to do so.
3. I will not wear clothing that is inappropriate, advertises alcohol, tobacco, other drugs, violence, or sexual acts when volunteering at the site.
4. I will only use bathroom facilities designated for adults.
5. I agree to never be alone with individual students without administrative approval.
6. I will not solicit outside contact with students or give gifts or cards to students without administrative approval.
7. I will exchange home directory information only with parental and administrative approval and only if it is required as part of my role as a volunteer. I agree not to exchange telephone numbers, home addresses, email addresses or other home directory information with students for any other purpose.
8. I will maintain confidentiality outside of school and will share any concerns that I may have with teachers and school administrators.
9. I agree to not transport students.
10. I will not disclose, use or disseminate student photographs or personal information about students or others.
11. I agree not to post, transmit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
12. I understand that my duties as a volunteer require my full attention and I agree not to have children under my care or supervision that are not currently enrolled at the school site.
13. I will not operate my cell phone or other electronic device within the confines of the classroom or any other educational setting while acting in the capacity of a volunteer or while supervising children engaged in a school sponsored activity or event.
14. I will defer to school staff with any emergency or medical situation.
15. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.
16. I agree to adhere to the site's policies and protocols.
17. I agree to adhere to Springs' [Covid-19 Prevention Program and Safety Plan](#)

As a condition of being a Springs Charter Schools Volunteer, I agree to follow the Springs Charter Schools Volunteer Code of Conduct at all times.