



BUTTE SCHOOLS SELF-FUNDED PROGRAMS

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AUTHORIZATION FOR TB Test

California Education Code Section 49406 requires assessment of district employees for tuberculosis at least once every four years. In compliance with EC 49406,

_____ School District (District) hereby authorizes
_____ to submit to a TB risk assessment at the Butte Schools Health and Wellness Center (500 Cohasset Road, Suite 24, Chico or 1876 Bird Street, Oroville).

District agrees to reimburse the Butte Schools Self-Funded Programs \$25 for the cost of this service and \$20 if, based on the assessment results, a tuberculin skin test is performed.

District Signature

Date

Name and Title

Employee: This form must be presented to the Butte Schools Health and Wellness Center at the time of service.

An advance appointment shall be made by calling 530-879-7582 or 530-532-5918; walk-in appointments are not available for this service.

HEALTHY EMPLOYEES SUPPORTED BY QUALITY, WELL-MANAGED PROGRAMS

**Butte COE
Butte-Glenn CCD
Bangor UESD
Biggs USD**

**Chico USD
Durham USD
Feather Falls UESD
Golden Feather UESD**



**Gridley USD
Manzanita ESD
Oroville City ESD
Oroville UHSD**

**Palermo UESD
Paradise USD
Pioneer UESD
Thermalito UESD**

Adult Tuberculosis (TB) Risk Assessment Questionnaire¹

(To satisfy California Education Code Section 49404 and Health and Safety Code Section 121525-121555)
To be administered by a licensed health care provider (physician, physician assistant, nurse, nurse practitioner)

Name: _____

Date of Birth: _____

Date of Risk Assessment: _____

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 there is a "Yes" response to any of the questions below, a Tuberculosis 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	Yes	No
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue). Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB. ²		
2. Close contact with someone with infectious TB disease.		
3. Foreign-born person (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)		
4. Traveler 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.)		
5. Current or former resident or employee of correctional facility, long-term care facility, hospital, or homeless shelter.		

Once a person has a documented positive test for TB infection that has been followed by an x-ray 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://cdc.gov/tb/publications/LTBI/default.htm>)