



AUTHORIZATION FOR VOLUNTEER TUBERCULOSIS ASSESSMENT AND TESTING

District _____

District shall provide the following information on behalf of Volunteer.

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____ Home Phone: _____

Cell Phone: _____ DOB: _____ Gender: _____

District hereby agrees to reimburse the Butte Schools Self-Funded Programs \$25 for each office visit associated with this service and, when needed, \$20 for a tuberculin skin test and reading and \$55 for a QuantiFERON-TB Gold blood test performed at the Health and Wellness Center.

District Signature	Name and Title	Date
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District must fax this form to 855-521-4677 or 855-999-9239 prior to delivery to volunteer.

Instructions to Volunteer

1. Retain a copy of this form until your assessment appointment is completed.
2. Call the Health and Wellness Center to schedule a telephone or in-office appointment. *Walk-ins are not available.*

Chico 530-879-7582 500 Cohasset Road, Suite 24	Oroville 530-532-5918 1876 Bird Street
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3. When your appointment has been booked, you will receive a text message confirming your appointment. Within that text message is a link to complete registration and your TB Risk Assessment Questionnaire.
4. To finalize registration for your appointment, tap the link and follow these instructions:
 - a. Tap “Yes, I’ll Be There”.
 - b. Tap “Begin CHECK-IN”.
 - c. Enter your date of birth and tap “Start CHECK-IN”.
 - d. To verify your account, tap “Request code”. You will receive a text, “Your healow CHECK-IN ...”, and input that code. Tap “Continue” and then “As Patient”.
 - e. Confirm your Patient Information.
 - f. Because this is an occupational medicine chart and separate from your personal health chart, the following instructions apply uniquely to your TB Risk Assessment appointment chart.
 - i. There is no need to add any information under “Additional Contact”. Tap “Looks good”.
 - ii. There is no need to add any information under Insurance; tap “Looks good”.
 - iii. There is no need to add any information under Medications; tap “Next”.
 - iv. There is no need to add any information under Allergies; tap “Next”.
 - v. There is no need to add any information under Hospitalizations; tap “Next”.
 - vi. There is no need to add any information under Surgical History; tap “Next”.
 - g. Under Medical Forms, you will see TB Risk Assessment. Tap “Start”. A response to each of the six questions is required. Tap “Save” when completed. Tap “Next”.
5. Your registration and check-in is now complete. You can click the “Add to” icon on the final screen and add this appointment to your personal calendar.
6. If you are referred for a chest x-ray upon completion of your appointment, contact your employer.

Results will be faxed directly to your District’s HR department upon completion of your appointment.