



AUTHORIZATION FOR EMPLOYEE TUBERCULOSIS ASSESSMENT AND TESTING

District: _____

Employee _____

To be completed by District

In compliance with EC 49406, District hereby authorizes Employee/Volunteer to submit to a TB risk assessment at the Butte Schools Health and Wellness Centers.

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 _____ Date _____

Name and Title _____

*District must fax this form to
855-521-4677 or 855-999-9239
prior to delivery to employee.*

Instructions to Employee

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.

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|-----------------------------|------------------|
| Chico | Oroville |
| 530-879-7582 | 530-532-5918 |
| 500 Cohasset Road, Suite 24 | 1876 Bird Street |
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 assessment necessary testing.