

Dear Maple Creek Families,

In conjunction with Board Policy 9212, any parent volunteer who will have ongoing, frequent, or prolonged contact time with students (classroom volunteers, field trips, visitors at classroom parties), must go through a TB assessment and provide the school with proof of TB clearance. This does not necessarily mean that you need a skin test, just a screening process that may require a test if there are risk factors.

If you have had a TB assessment or test within the last four years, you can provide that documentation to the main office. There is an assessment form attached for your convenience. The document can be taken to your personal physician. This attached document should be filled out in the presence of and signed by your physician.

There will be times throughout the year when TB Assessment Clinics will be offered by Clovis Unified School District. We will be sure to communicate those dates and times to you when they have been scheduled.

Thank you for your assistance in helping us be compliant with board policy. We appreciate our volunteers and believe they truly make a difference with students and staff.

Thank you,

Gina Kismet  
Maple Creek Principal



**VOLUNTEER APPLICATION FORM  
FORM 9212**

All school volunteers must complete this application form in order to volunteer in the Clovis Unified School District ("District"). For the safety of the volunteer, and that of the District's students, a background check will be completed on all applicants. Volunteers should attach a copy of their California Driver's License or California legal photo ID to be kept on file. Volunteers shall also comply with Board Policy Nos. 3204 - Field Trips, and 8302 - Transportation of Students by Private Vehicle, if applicable.

**BACKGROUND INFORMATION OF VOLUNTEER:**

Name as is appears on ID: \_\_\_\_\_  
*First Name Middle Initial Last Name Other*

\_\_\_\_\_  
*Street Address Apartment # City/State Zip*

\_\_\_\_\_  
*Home Phone Work Phone Alternate Phone*

California Driver's License #: \_\_\_\_\_ Male  Female  Date of Birth \_\_\_\_\_

**VOLUNTEER SCHOOL SITE LOCATION:**

I am interested in the following volunteer placements at \_\_\_\_\_ School: Classroom Assistant

Coach  Field Trip Chaperone  Overnight Field Trip Chaperone  Tutor  Intern  Other

Do you have a child/children attending this school? No  Yes  Name(s) \_\_\_\_\_

Are you currently a student in the District? No  Yes  Where? \_\_\_\_\_

Are you currently an employee of the District? No  Yes  Where? \_\_\_\_\_

Have you ever been convicted of, or plead guilty to, a criminal felony or misdemeanor? No  Yes

If yes, please give date(s) and explain: \_\_\_\_\_

**VOLUNTEER AUTHORIZATION:**

I agree to abide by all state and federal laws, and all policies and regulations of the Governing Board of the District, including the rules and regulations of the volunteer program. I understand that all involvement with students shall be under staff supervision and is restricted to the school day, on the school grounds, or at a school-sponsored activity.

I agree to volunteer my services, without compensation or reimbursement, for the District. I understand that I may be required to provide my fingerprints for the purpose of obtaining a criminal record summary from the California State Department of Justice and the Federal Bureau of Investigation, pursuant to Education Code Section 58751.

I agree to indemnify and hold harmless the District, its officers, employees and agents, from all claims, liability, or damages, suits, losses, costs and expenses for injury to my person or property, including death, and all costs for legal service arising from my volunteer services for the District and activities associated with the volunteer program.

This authorization shall remain in effect while I am involved in the above-described volunteer service for the District.

\_\_\_\_\_  
*Volunteer Signature Date*

*(For Office Use Only)*

Fingerprint Clearance Received: No  Yes   
Volunteer Placement Made: No  Yes

Megan's Law Clearance Received: No  Yes   
*NOTE: Principal must check for Megan's Law clearance if volunteer is not fingerprinted (<http://www.meganslaw.ca.gov>)*

Volunteer information (name, date of birth, signature and photo ID) and fingerprint clearance/Megan's Law clearance verified by:

\_\_\_\_\_  
*Employee Signature Date Department/Site*

*Original to be retained at site  
Copy to applicant*

*Adopted: 8/24/05  
Amended: 9/8/05  
Amended: 1/30/06  
Reviewed: 3/6/07*

*Reviewed: 10/1/08  
Amended: 5/18/10  
Amended: 8/23/13*



# School Staff & Volunteers: Tuberculosis Risk Assessment Fact Sheet



Job-related requirement for childcare, pre-K, K-12, and community colleges

## Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, **AB 1667**, effective on January 1, 2015, **SB 792** on September 1, 2016, and **SB 1038** on January 1, 2017, require a tuberculosis (TB) risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the TB risk assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllars Association (CTCA) are also required.

### **AB 1667 impacted the following groups on 1/1/2015:**

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils in (California Education Code, Section 49406 and Health and Safety Code, Section 121545).

### **SB 792 impacts the following group on 9/1/2016:**

Persons employed as a teacher in a day care center (California Health and Safety Code Section 1597.055).

### **SB 1038 impacts the following group on 1/1/2017:**

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

## Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the TST (tuberculin skin test) in these persons. An IGRA can be performed as a more specific test in BCG vaccinated individuals with a positive TST.

## Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

## Previous or inactive tuberculosis

Chest radiograph findings consistent with previous or inactive tuberculosis include fibrosis or non-calcified nodules, but do not include a solitary calcified nodule or isolated pleural thickening. Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

## Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

## Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

## TB infection treatment is recommended

Shorter regimens for treating latent TB infection have been shown to be as effective as 9 months of isoniazid, and are more likely to be completed. Shorter regimens are preferred in most situations. Drug-drug interactions and contact to drug resistant TB are frequent reasons these regimens cannot be used.

***Please consult with your local public health department on any other recommendations and mandates that should also be considered.***



# 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 Health and Safety Code, Sections 1597.055 and 121525-121555.

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.

Name of Employee/Volunteer Assessed for TB Risk Factors: \_\_\_\_\_

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

### History of Tuberculosis Infection or Disease (Check appropriate box below)

Yes

If there is a documented history of positive TB test (infection) or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

No (Assess for Risk Factors for Tuberculosis using box below)

### Risk Factors for Tuberculosis (Check appropriate boxes below)

If any of the 5 boxes below are checked, perform a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). A positive TST or IGRA should be followed by a chest x-ray, and if normal, treatment for TB infection considered. (Centers for Disease Control and Prevention (CDC). *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013)

**One or more signs and symptoms of TB:** prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue.

Evaluate for active TB disease with a TST or IGRA, chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

**Close contact** to someone with infectious TB disease at any time

**Foreign-born person** from a country with an elevated TB rate

Includes countries other than the United States, Canada, Australia, New Zealand, or a country in Western and Northern Europe. IGRA is preferred over TST for foreign-born persons

**Consecutive travel or residence of  $\geq 1$  month** in a country with an elevated TB rate

Includes countries other than the United States, Canada, Australia, New Zealand, or a country in Western and Northern Europe.

**Volunteered, worked or lived in a correctional or homeless facility**

**Re-testing with TST or IGRA should only be done in persons who previously tested negative, and have new risk factors since the last assessment.**



## 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, Address (include Number, Street, City, State, and Zip Code):**

**Telephone/FAX:**