

### Parent Volunteer Requirements

1. Parent volunteer application
2. Adult Tuberculosis (TB) Risk Assessment Questionnaire **or** a TB skin test within the last 60 days **or** a chest X-ray within the last 4 years
3. Bring documents to the Janson office and receive information on finger printing

# Rosemead School District Volunteer Application

School Site: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Name of Students at Janson:

\_\_\_\_\_ Grade \_\_\_\_\_ Room# \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_ Room# \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_ Room# \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Days and times that would be convenient to volunteer time:

A.M. 8:30 – 12:00 P.M.    12:00 – 3:30 P.M.    All Day

Monday                  Tuesday                  Wednesday                  Thursday                  Friday

I am available: \_\_\_ Sometimes \_\_\_ Weekly \_\_\_ Other \_\_\_\_\_

Please mark all that you would like to assist with:

\_\_\_ Room Parent    \_\_\_ Room Parent Assistant    \_\_\_ Helper at Class Events

\_\_\_ Donate store-bought food, party goods, office supplies & materials

\_\_\_ Help the teacher in the classroom (crafts, projects, decorations, etc)

\_\_\_ Read with students    \_\_\_ Help students in Math

\_\_\_ Other: \_\_\_\_\_

*Thank you for your partnership in helping our school and our students!*

<b>For Office Use Only</b>
TB Clearance: Yes _____ Date _____



**ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE**

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

**CERTIFICATE OF COMPLETION**

*To be signed by the licensed health care provider completing the risk assessment and/or examination*

Name: \_\_\_\_\_

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

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

*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.*

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Please Print Health Care Provider Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Office Address: Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax



### Adult Tuberculosis (TB) Risk Assessment Questionnaire<sup>1</sup>

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

To be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse)

Name: \_\_\_\_\_

Date of Risk Assessment: \_\_\_\_\_

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

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 no, continue with questions below.

If there is a "Yes" response to any of the questions 1-5 below, then a tuberculin 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	
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue) Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB. <sup>2</sup>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Close contact with someone with infectious TB disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Birth in high TB-prevalence country** (*Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Travel 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.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter	Yes <input type="checkbox"/> No <input type="checkbox"/>

\*Once a person has a documented positive test for TB infection that has been followed by an x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required.

<sup>1</sup> Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.

<sup>2</sup> Centers for Disease Control and Prevention (CDC). Latent Tuberculosis Infection: A Guide for Primary Health Care Providers. 2013.

(<http://www.cdc.gov/tb/publications/LTBI/default.htm>)