

Certificate of Completion

Tuberculosis Risk Assessment and/or Examination

This form is to satisfy **job/school-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.005, 121525, 121545 and 121555.

Individual assessed and/or examined:

Last Name First Name M.I. Student ID number

Date of assessment and/or examination: _____ (mo/day/yr)

The above named individual has submitted to a tuberculosis risk assessment. This individual does not have risk factors, or if tuberculosis risk factors were identified, this individual has been examined and determined to be free of infectious tuberculosis. *(Must be signed by the health care provider completing the risk assessment and/or examination)*

Medical Provider (MD, DO, NP or PA) Signature Medical Provider Printed Name CA license number

Office Address: Street City State Zip Code

Office phone number Office fax number

Tuberculin TB Risk Assessment and Certificate of Clearance Contract

Note: This contract must be submitted to your instructor prior to the add/drop date of the semester.

I confirm that I have secured Tuberculin (TB) Risk Assessment and a Certificate of Clearance/Scan. I will take the TB Risk Assessment, Certificate of Clearance, and introductory letter from my instructor to early field placement sites to be available upon request. I understand that if fraudulent information is submitted to my instructor or an early field placement site there could be academic consequences. The field experience component of the course is integral to successfully completing the course; therefore, I also understand that failure to secure a TB Risk Assessment and Certificate of Clearance prior to the add/drop date of the semester will result in my instructor administratively dropping me from the course.

Print Name

Signature

Date