

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission**

ORI: A2958  
Code assigned by DOJ

Type of Application: Employment / Volunteer

Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

Christian Brothers High School

06820

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

4315 Martin Luther King, Jr. Blvd

Eugene D. Jones - Director of HR

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Sacramento CA 95820  
City State Zip Code

(916) 733-3631  
Contact Telephone No.

**Applicants to Fill Out Only the Section Below**

Name of Applicant: \_\_\_\_\_  
(Please Print) Last First MI

Driver's License No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex Male  Female

Misc. No. BIL - 142791  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Home Address: \_\_\_\_\_

Street No. Street Name or PO Box

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ City State Zip

Social Security Number: \_\_\_\_\_

**Below Section To be Filled Out by LiveScan Technician**

Your Number: \_\_\_\_\_  DOJ  No.of Hard Cards

**OCA No. (Agency Identifying No.)**

Level of Service:  FBI  Photo

If resubmission, list original ATI Number: \_\_\_\_\_  Child Index  FireArms

Live Scan Transaction Completed By: \_\_\_\_\_ Name of Operator \_\_\_\_\_ LSID # \_\_\_\_\_ Date \_\_\_\_\_

**Capital LiveScan**

(877) 888-8802

ATI No:

**DOJ Status Check Line:**  
(916) 227-4557 Available 24/7

**Capital Livescan Sales Receipt**

Amount Collected:\$ Billed

Debit Credit Cash Billed

**Walk In Service Available At:**

	<b>Types of Payments</b> Billing Accounts Cash Credit/Debit Cards	<b>Capital LiveScan</b> 5706 Broadway Sacramento, Ca. 95820 (916) 456-5260	<b>Hours</b> M-F (9am-6pm) Saturday (10:00am to 2pm)
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**(Mobile Service for 10 or more Call 877-888-8802)**

# Christian Brothers High School Tuberculosis (TB) Risk Assessment User Guide

(for employees, volunteers and contractors)

## Background

California law requires that school staff working with children and high school 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 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 this TB Risk Assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers 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 California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

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

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

### SB 1038 impacted 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 tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

## Previous or inactive tuberculosis

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.

## Most patients with LTBI should be treated

Because testing of persons at low risk of LTBI should not be done, persons that test positive for LTBI should generally be treated once active TB disease has been ruled out. However, clinicians should not be compelled to treat low risk persons with a positive test for LTBI.

## Emphasis on short course for treatment of LTBI

Shorter regimens for treating LTBI have been shown to be more likely to be completed and the 3 month 12-dose regimen has been shown to be as effective as 9 months of isoniazid. Use of these shorter regimens is preferred in most patients. Drug-drug interactions and contact to drug resistant TB are typical reasons these regimens cannot be used.

## 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.

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

# Christian Brothers High School Tuberculosis Risk Assessment Frequently Asked Questions

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current recommendations for targeted TB testing from the federal Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the California Conference of Local Health Officers and the California Tuberculosis Controllers Association (CTCA).

## What specifically did [AB 1667](#) change on January 1, 2015?

1. Replaces the mandated TB examination on initial employment with a TB risk assessment, and TB testing based on the results of the TB risk assessment, for the following groups:
  - a. Persons initially employed by a school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
  - b. Persons initially 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)
  - c. Persons providing for the transportation of pupils under authorized contract (California Health and Safety Code, Section 121525)
2. Replaces the mandated TB examination at least once each four years of school employees who have no identified TB risk factors or who test negative for TB infection with a TB risk assessment, and TB testing based on the TB risk assessment responses. (California Education Code, Section 49406 and California Health and Safety Code, Section 121525)
3. Replaces mandated TB examination (within the last four years) of volunteers with “frequent or prolonged contact with pupils” in private or parochial elementary or secondary schools, or nursery schools (California Health and Safety Code, Section 121545) with a TB risk assessment administered on initial volunteer assignment, and TB testing based on the results of the TB risk assessment.
4. For school district volunteers with “frequent or prolonged contact with pupils,” mandates a TB risk assessment administered on initial volunteer assignment and TB testing based on the results of the TB risk assessment. (California Education Code, Section 49406)

## What specifically did [SB 792](#) change on September 1, 2016?

California Health and Safety Code, Section 1597.055 requires that persons hired as a teacher in a child care center must provide evidence of a current certificate that indicates freedom from infectious TB as set forth in California Health Safety Code, Section 121525.

## What specifically does [SB 1038](#) change on January 1, 2017?

California Education Code, Section 87408.6 requires persons employed by a community college in an academic or classified position to submit to a TB risk assessment developed by CDPH and CTCA and, if risk factors are present, an examination to determine that he or she is free of infectious TB; initially upon hire and every four years thereafter.

# Christian Brothers High School Tuberculosis Risk Assessment Frequently Asked Questions

## Who developed the school staff and volunteer TB risk assessment?

The California Department of Public Health (CDPH) and the California Tuberculosis Controllers Association (CTCA) jointly developed the TB risk assessment. The risk assessment was adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and the Centers for Disease Control and Prevention.

## Who may administer the TB risk assessment?

Per California Education and Health and Safety Codes, the TB risk assessment is to be administered by a health care provider. The risk assessment should be administered face-to-face. The practice of allowing employees or volunteers to self-assess is discouraged.

## What is a "health care provider"?

A "health care provider" means any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services.

## If someone is a new employee and has a TB test that was negative, would he/she need to also complete a TB risk assessment?

Check with your employer about what is needed at the time of hire.

## If someone transfers from one K-12 school or school district to another school or school district, would he/she need to also complete a TB risk assessment?

Not if that person can produce a certificate that shows he or she was found to be free of infectious tuberculosis within 60 days of initial hire, or the school previously employing the person verifies that the person has a certificate on file showing that the person is free from infectious tuberculosis.

## If someone does not want to submit to a TB risk assessment, can he/she get a TB test instead? Yes,

a TB test, and an examination if necessary, may be completed instead of submitting to a TB risk assessment.

## If someone has a positive TB test, can he/she start working before the chest x-ray is completed? No,

the x-ray must be completed and the person determined to be free of infectious TB prior to starting work.

## If someone has a positive TB test, does he/she need to submit to a chest x-ray every four (4) years?

No, once a person has a documented positive TB test followed by an x-ray, repeat x-rays are no longer required every four years. If an employee or volunteer becomes symptomatic for TB, then he/she should promptly seek care from his/her health care provider.

# Christian Brothers High School Tuberculosis Risk Assessment Frequently Asked Questions

## What screening is required for someone who has a history of a positive TB test or TB disease at hire?

If there is a documented history of positive TB test 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.

## For volunteers, what constitutes “frequent or prolonged contact with pupils”?

Examples of what may be considered “frequent or prolonged contact with pupils” include, but are not limited to, regularly-scheduled classroom volunteering and field trips where cumulative face-to-face time with students exceeds 8 hours.

## Who may sign the Certificate of Completion?

- If the patient has no TB risk factors then the health care provider completing the TB risk assessment may sign the Certificate of Completion.
- If a TB test is performed and the result is negative, then the licensed health care provider interpreting the TB test may sign the Certificate.
- If a TB test is positive and an examination is performed, only a physician, physician assistant, or nurse practitioner may sign the Certificate.

## What does “determined to be free of infectious tuberculosis” mean on the Certificate of Completion?

“Determined to be free of infectious TB” means that a physician, physician assistant, or nurse practitioner has completed the TB examination and provided any necessary treatment so that the person is not contagious and cannot pass the TB bacteria to others. The TB examination for active TB disease includes a chest x-ray, symptom assessment, and if indicated, sputum collection for acid-fast bacilli (AFB) smears cultures and nucleic acid amplification testing.

## What if I have TB screening or treatment questions?

Consult the federal Centers for Disease Control and Prevention’s *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers* (2013) (<http://www.cdc.gov/tb/publications/LTBI/default.htm>).



(Patient must present Authorization and Photo ID at the time of service.)

## Authorization for Examination or Treatment

Patient Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Location Number: \_\_\_\_\_

Temporary Staffing Agency: \_\_\_\_\_

### Work Related

Injury  Illness

Date of Injury \_\_\_\_\_

### Substance Abuse Testing\* (check all that apply)

Regulated drug screen  Breath alcohol

Collection only  Hair collect

Non-regulated drug screen  Rapid drug screen

Other \_\_\_\_\_

### Type of Substance Abuse Testing

Preplacement  Reasonable cause

Post-accident  Random

Follow-up

Special instructions/comments:

Authorized by: \_\_\_\_\_

Please print

Phone: \_\_\_\_\_

### Physical Examination

Preplacement  Baseline  Annual  Exit

### DOT Physical Examination

Preplacement  Recertification

### Special Examination

Asbestos  Respirator  Audiogram

Human Performance Evaluation\*

HAZMAT  Medical Surveillance

Other \_\_\_\_\_

### Billing (check if applicable)

Employee to pay charges

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Title: \_\_\_\_\_

Date

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at [www.concentra.com](http://www.concentra.com))



## Employer Services Patient Information

### About You

#### Reason for Today's Visit

Injury care      Physical exam      DOT (CDL) certification      Drug screen      Other: \_\_\_\_\_

Social security number or Military DBN: \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Male      Female      Single      Married

Email address: \_\_\_\_\_ Concentra may send a detailed email:      Yes      No

For security of your records, all emails containing protected health information (PHI) are sent encrypted.

### About Your Employer

#### Employer Requesting Services

Company name: \_\_\_\_\_ Location/store number: \_\_\_\_\_

Address: \_\_\_\_\_ Suite number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is your employment arranged through a temporary hire agency?      Yes      No

Name of agency: \_\_\_\_\_ Agency phone: \_\_\_\_\_

### Notice of Privacy Practices

Your name and signature below indicates that you have been made aware of Concentra's Notice of Privacy Practices (NOPP) on the date indicated. You understand that the NOPP is posted in the center and a copy will be provided to you if you request it. If this is your first date of service with Concentra, please indicate this to the front desk receptionist and he/she will provide you a copy of the NOPP. If you have any questions regarding the information in Concentra's Notice of Privacy Practices, contact Concentra's Privacy Office at 800-819-5571 or [privacyoffice@concentra.com](mailto:privacyoffice@concentra.com).

Name: (please print) \_\_\_\_\_ Date notice received: \_\_\_\_\_

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

### Consent

**(If you are ONLY here for a Department of Transportation drug screen or breath alcohol test, skip this section. For all other services, please complete.)**

The information provided is correct to the best of my knowledge. I will not hold Concentra, its health provider, or its employees responsible for any errors or omissions that I may have made in completing the information on this form.

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

I give permission to Concentra to perform the following services that the physicians and other non-physician providers and assistants may deem to be necessary: (a) medical, surgical, and diagnostic (e.g., including but not limited to x-rays, blood draws, and laboratory tests) processes, treatments, and procedures; (b) administration of injections, medications, and immunizations (with immunizations to occur after my receipt of any applicable vaccine information statements ("VIS" or "VISs")); and (c) completion of medically appropriate tests for communicable and other diseases.

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

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