

## LOS ANGELES UNIFIED SCHOOL DISTRICT

BULLETIN 4841.0

Tuberculosis physician/clinic form:

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

Dear Volunteer:

All volunteers must be free of active tuberculosis before they start work. A TB skin test (Mantoux) is mandatory, as stated in California Health and Safety Code §121545 TB Test School Volunteers. This must be done within 6 months prior to service. Multiple puncture tests are not acceptable. If the Mantoux test is positive, a chest X-ray will be required. Chest X-rays without a history of a previous positive Mantoux cannot be accepted.

Please take this form to a private physician, clinic, or public health agency. If you are unable to pay the fee required by a public health agency, you may request to have the fee waived.

\_\_\_\_\_  
Principal

**TO BE COMPLETED BY PHYSICIAN/CLINIC:**

PATIENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SCHOOL \_\_\_\_\_

**THERE IS NO EVIDENCE OF ACTIVE TUBERCULOSIS AS DETERMINED BY:**

\_\_\_\_ MANTOUX SKIN TEST (5 TU PPD)

\_\_\_\_ CHEST X-RAY (ACCEPTABLE ONLY IF MANTOUX POSITIVE)

DATE GIVEN \_\_\_\_\_ DATE READ \_\_\_\_\_ DATE OF X-RAY \_\_\_\_\_

GIVEN BY \_\_\_\_\_ RESULT (mm) \_\_\_\_\_

X-RAY IMPRESSION \_\_\_\_\_

\_\_\_\_ HISTORY OF POSITIVE MANTOUX

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN/RN\_\_\_\_\_  
DATE REPORT SIGNED\_\_\_\_\_  
PRINT NAME OF PHYSICIAN/RN\_\_\_\_\_  
DEGREE\_\_\_\_\_  
STATE LICENSE NUMBER

BUSINESS ADDRESS \_\_\_\_\_

STREET

CITY

ZIP CODE

TELEPHONE (\_\_\_\_) \_\_\_\_\_