

VOLUNTEER LEVEL DESCRIPTION	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
TYPICAL TASKS / SCOPE OF VOLUNTEERISM	<p>Limited student contact <u>under the direct supervision of a certificated staff member</u> AND/OR assignment does not involve student contact but is recurring less than ten (10) hours monthly</p> <p>Volunteers assigned classroom tasks that do not involve access to student confidential information (i.e. IEP, medical, attendance, grades, or related records, etc.)</p> <ul style="list-style-type: none"> • Small groups or 1:1 with direct supervision • Preparing for art/theater projects 	<p>Limited/short-spanned unsupervised contact with students while driving</p> <p>Transporting students in a personal vehicle to/from events</p>	<p>Recurring/weekly student contact <u>under the supervision of a certificated staff member</u> more than ten (10) hours monthly</p> <p>Volunteers with group exposure who have no direct unsupervised exposure or contact with children, volunteers participating in school activities in open and public settings, and volunteers with classroom exposure who work with children and are supervised by district staff</p> <ul style="list-style-type: none"> • More than two hours of direct student contact weekly; or • Ongoing direct one-on-one or small group contact with students; or • Assisting in classrooms or chaperoning a study trip 	<p>Recurring service with <u>possible unsupervised direct contact with students-still under the direction of a certificated staff member</u></p> <p>Volunteers with classroom exposure, who work directly with students upwards of five hours per week, and may have unsupervised time with students, but only while on district property with district personnel on site</p> <ul style="list-style-type: none"> • Walk-on coaches • Overnight chaperones • Conditions typically are areas outside of the classroom where staff or other adults can observe at most times, but may occasionally include short solitary time with children and short duration of obstructed view, such as on-site tutoring
CLEARANCE REQUIREMENT	<ol style="list-style-type: none"> (1) Volunteer Registration (2) Volunteer Code of Conduct/ Confidentiality Agreement Form (3) Copy of State issued identification (DL or formal form of Photo ID) (4) TB Risk Assessment Clearance (5) Sexual Offender (Megan’s Law) Check; CA Penal Code 290.4 (Via Raptor System) (6) Show proof of full vaccination or be tested for COVID-19 at least once per week <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Note: Intermittent student contact for classroom presentations, fundraising, and support for special events does not require clearance.</i></p> </div>	<ol style="list-style-type: none"> (1) Volunteer Registration (2) Volunteer Code of Conduct/ Confidentiality Agreement Form (3) Copy of State issued identification (DL or formal form of Photo ID) (4) TB Risk Assessment Clearance (5) Sexual Offender (Megan’s Law) Check; CA Penal Code 290.4 (Via Raptor System) (6) Show proof of full vaccination or be tested for COVID-19 at least once per week (7) DMV Driver Record Request - no DUI, no more than 2 pts. (can be printed from DMV website Online Services \$2.00 + service fee) (8) Copy of Auto Ins Policy Declaration (9) Personal Vehicle Use Registration Form 	<ol style="list-style-type: none"> (1) Volunteer Registration (2) Volunteer Code of Conduct/ Confidentiality Agreement Form (3) Copy of State issued identification (DL or formal form of Photo ID) (4) TB Risk Assessment Clearance (5) Sexual Offender (Megan’s Law) Check; CA Penal Code 290.4 (Via Raptor System) (6) Show proof of full vaccination or be tested for COVID-19 at least once per week (7) DOJ/FBI Background Check 	<ol style="list-style-type: none"> (1) Volunteer Registration (2) Volunteer Code of Conduct/ Confidentiality Agreement Form (3) Copy of State issued identification (DL or formal form of Photo ID) (4) TB Risk Assessment Clearance (5) Sexual Offender (Megan’s Law) Check; CA Penal Code 290.4 (Via Raptor System) (6) Show proof of full vaccination or be tested for COVID-19 at least once per week (7) DOJ/FBI Background check (8) Child Abuse Mandated Reporter Training



CONEJO VALLEY UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT
 750 Mitchell Road, Newbury Park, California 91320
 Telephone (805) 498-4557

Student's Last Name _____ First Name _____ Grade _____

VOLUNTEER REGISTRATION AUTHORIZATION

DIRECTIONS: Check mark below the volunteer level that best describes your intended volunteer service to CVUSD.
 *Be sure to reference the **District Volunteer Requirement Guide** for clearance steps applicable to each level.

<input type="checkbox"/> Level 1 Limited student contact <u>under the direct supervision of a certificated staff member</u> AND/OR assignment does not involve student contact but is recurring less than ten (10) hours a month	<input type="checkbox"/> Level 2 Limited/short-spanded unsupervised contact with students while driving.	<input type="checkbox"/> Level 3 Recurring/weekly student contact <u>under the supervision of a certificated staff member</u> more than ten (10) hours a month	<input type="checkbox"/> Level 4 Recurring service with <u>possible unsupervised direct contact</u> with students while under the direction of a certificated staff member
--	--	--	--

GENERAL PERSONAL INFORMATION

Last Name _____ First Name _____ Volunteer Location (School/Department) _____
 Street Address _____ City _____ State _____ Zip Code _____
 Best Contact Phone #: (_____) _____ - _____ Cell Home Email: _____

BACKGROUND QUESTIONNAIRE - PLEASE RESPOND TO ALL QUESTIONS

1. Please check whether you are a new or returning CVUSD volunteer. New Returning
2. Are you also a volunteer at another CVUSD school? YES NO
 If yes, please indicate the school(s): _____
3. Are you presently employed by CVUSD in any capacity? YES NO
4. Do you have any criminal charges pending against you? YES NO
5. Have you ever been convicted* of a felony or misdemeanor? YES NO
6. Are you required to register as a sex offender under Penal Code 290.95? YES NO
7. Have you ever been convicted* of a sex, drug or weapon related offense? YES NO
**Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or verdict of guilty. If "YES," please explain: _____*
8. Parent Volunteers: Please check whether you plan to drive for a field trip during the school year. YES NO
 Please list the name(s) of your child(ren): _____

VOLUNTEER ACKNOWLEDGMENT

Your volunteer registration will be processed in accord with clearance requirements established for each volunteer level. Volunteer assignments may be terminated, if service is unsatisfactory or no longer needed by the school district. You may not volunteer if you are required to register as a sex offender under California law.

I understand that any costs associated with obtaining clearance will be at my expense and non-reimbursable, including but not limited to TB, fingerprints and immunizations, if required. *Immunization records are required for Preschool volunteers for influenza (optional), pertussis and measles.*

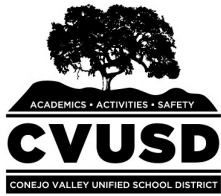
If requested, I will provide professional and/or personal references for purposes of a reference check. I will hold the District harmless and any individuals providing the district with information that may impact my volunteer clearance. By signing my name below, I declare under penalty of perjury, that all the information on this application is true and correct. I also declare that I have read and agree to follow the "Volunteer Code of Conduct", as well as the "Confidentiality of Student Information." I will NOT serve in a volunteer capacity until I am cleared.

Volunteer Signature _____ Date: _____

ADMINISTRATIVE USE ONLY - VOLUNTEER CLEARANCE

- | | | | | | |
|--|---|-----------------------------------|---|-----------------------------|---|
| <input type="checkbox"/> Level 1 ▶ <input type="checkbox"/> Volunteer Auth. Form | <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> State ID | <input type="checkbox"/> Megan's Law | <input type="checkbox"/> TB | <input type="checkbox"/> Proof of Covid-19 Full Vaccination |
| <input type="checkbox"/> Level 2 ▶ <input type="checkbox"/> Volunteer Auth. Form | <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> State ID | <input type="checkbox"/> Megan's Law | <input type="checkbox"/> TB | <input type="checkbox"/> Proof of Covid-19 Full Vaccination |
| <input type="checkbox"/> Driver Record Request | <input type="checkbox"/> Auto Ins. Policy Declaration | | <input type="checkbox"/> Acknowledgement of receipt: "Personal Vehicle Use Registration Form" | | |
| <input type="checkbox"/> Level 3 ▶ <input type="checkbox"/> Volunteer Auth. Form | <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> State ID | <input type="checkbox"/> Megan's Law | <input type="checkbox"/> TB | <input type="checkbox"/> Proof of Covid-19 Full Vaccination |
| | <input type="checkbox"/> Fingerprints | | | | |
| <input type="checkbox"/> Level 4 ▶ <input type="checkbox"/> Volunteer Auth. Form | <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> State ID | <input type="checkbox"/> Megan's Law | <input type="checkbox"/> TB | <input type="checkbox"/> Proof of Covid-19 Full Vaccination |
| | <input type="checkbox"/> Fingerprints | | <input type="checkbox"/> Mandated Reporter | | |

Principal/Designee Signature _____ Date Approved: _____



CONEJO VALLEY UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT
 750 Mitchell Road, Newbury Park, California 91320
 Telephone (805) 498-4557

Student Last Name _____	First Name _____	Grade _____	Room # _____
Student Last Name _____	First Name _____	Grade _____	Room # _____
Student Last Name _____	First Name _____	Grade _____	Room # _____

VOLUNTEER CODE OF CONDUCT

The Conejo Valley Unified School District greatly values volunteer service, and the partnership of enhancing our students' educational experience.

As a volunteer, I agree to abide by the following code of volunteer conduct:

- Upon arrival, I will provide official identification and wear/show volunteer identification as required by the school.
- I will go directly to my classroom, will not "drop by" other classrooms on my way to and from the office, as this may disrupt instruction.
- I will follow the directives given by the teachers and or principal designee.
- I am in the classroom to support the teacher.
- I will treat each student the same, I understand this is not a time to visit with my child.
- I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.
- I will follow rules and code of conduct including dress code for the school.
- I will encourage children to address me and any other adult on campus by our last names.
- I will turn my cell phones off or on vibrate and will step out of the classroom to answer.
- I will respect privacy of the teacher's mailboxes.
- I will not stay in a classroom if the teacher has left (during recess/lunch).
- I will use only the adult bathroom facilities.
- I agree to never be alone with individual students without the authorization of teachers and/or school authorities.
- I will maintain confidentiality outside of school and will share any concerns that I may have with teachers and school administration.
- I will not initiate unauthorized taking of or disseminating of student photographs or personal information about students, self or others.
- I will not solicit outside contact with students such as exchanging telephone numbers, home addresses, e-mail or other home directory information with students for any other purpose.
- I agree not to transport students without the written permission of parents or guardians or without expressed permission of the school or district. I will only transport students if I have completed the Level 2 clearance requirements.
- I agree not to post, transmit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
- I agree to report to the appropriate school site/district personnel when a student is in danger of hurting him/herself or others or being hurt by someone else.
- I will sign out when I leave, so the PTA/PTSA/PFA can log my valuable volunteer hours.

CONFIDENTIALITY OF STUDENT INFORMATION

Thank you for volunteering at our site. Your assistance is extremely important and valued by our staff. In this role you are required to ensure that student information is kept confidential at all times. Only certain individuals, such as the principal or school nurse, are authorized to release, discuss or review information regarding students. The laws of confidentiality were developed to protect each person's rights to privacy, both student and guardian alike. After reading the following, please sign below that you will follow the rules of confidentiality of student information:

- ❖ Refer all inquiries for student information to the principal or his/her designee, whether requested in writing, by phone, or in person.
- ❖ Regardless of where student information is found (on desk tops, in the computer, in file cabinets, or the health office), do not view, remove or discuss.
- ❖ Refrain from scoring, assessing, grading and recording student classwork, homework, quizzes and tests.

EXAMPLES OF STUDENT INFORMATION INCLUDE: *enrollment information; attendance information; health information; parent concerns; grades; student test data; teacher written/spoken comments.*

I have read the information above and understand my responsibilities about the Volunteer Code of Conduct and Confidentiality of Student Information. I understand I am not to score, grade, view, release, remove or discuss any student information.

By signing this, I agree to follow these rules and to refer any questions about confidentiality to the principal or his/her designees. Failure to maintain strict confidentiality standards may result in the loss of volunteer privileges. Once all necessary clearances are obtained, the site will advise me of my effective date.

I agree to follow the District Volunteer Code of Conduct at all times. I understand that failure to follow the Volunteer Code of Conduct could result in a restriction of my volunteer time.

Volunteer Signature

Date



REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

Print Form

Reset Form

Applicant Submission

ORI: A6777 Type of Applicant: Classified School Employee Credentialed School Employee
Code assigned by DOJ

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Officer Volunteer

Type of License/Certification/Permit OR Working Title: Vol. WHS
(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Conejo Valley Unified School District a03363
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)
1400 East Janss Road Anisa Allen
Street Address or P.O. Box Contact Name (mandatory for all school submissions)
Thousand Oaks CA 91362 8054984557
City State ZIP Code Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____
Other Name _____
(AKA or Alias) Last _____ First _____ Suffix _____
Date of Birth _____ Sex Male Female Driver's License Number _____
Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____ Applicant to pay at Live Scan Center
(Agency Billing Number)
Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
(Other Identification Number)
Home Address _____ City _____ State _____ ZIP Code _____
Street Address or P.O. Box

Your Number: vol.whs
(OCA Number (Agency Identifying Number))

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____
Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____

1. Complete the REQUEST FOR LIVE SCAN SERVICE – (applicant section) of form BCII 8016A.

2. **FINGERPRINTING LOCATIONS:**

EAST VALLEY SHERIFF STATION (need LiveScan Processing Fee-Billing Form)

Fingerprints are taken by appointment only from 8:00 a.m. to 5:00 p.m., Monday – Friday. Call (805) 494-8208 to make your appointment. The Sheriff's Station is located at 2101 E. Olsen Road, Thousand Oaks. PLEASE, NO CHILDREN ALLOWED. Directions from Thousand Oaks: Take the 23 Freeway North to the Olson Road exit. Turn right and the Sheriff Station is on the left hand side of the road.

VENTURA COUNTY GOVERNMENT CENTER(need LiveScan Processing Fee-Billing Form)

Fingerprints are taken by appointment only from 8:00 a.m. to 5:00 p.m. Monday through Friday. Appointments can be made in person or by phoning Records Licensing at (805) 654-2371 or (805) 654-3366. When you go to your appointment, go to the long counter near the elevator (Records) on the first floor of the Main Jail Building, 800 South Victoria Avenue, Ventura. Directions from Thousand Oaks: Take the 101 Freeway North to the Victoria Avenue exit. Turn right on Victoria. The Government Center is on the right hand side of the road.

ACCU-PRINTS

Walk-ins welcomed; NO appointment required. 301 Science Drive, Suite 132, Moorpark, CA 93021. Take the 23 Fwy, exit Los Angeles Avenue and turn left to Science Drive (about ½ mile). Turn right on Science Drive make immediate left into first parking lot. Located in Suite 132. (805)529-5288.

Monday	9:00 – 12:00 and 1:00 – 5:00 pm
Tuesday	9:00 – 12:00 and 2:00 – 7:00 pm (6:00 – 7:00 pm by appointment only)
Wednesday	9:00 – 12:00 and 1:00 – 5:00 pm
Thursday	9:00 – 12:00 and 2:00 – 5:00 pm
Friday	9:00 – 12:00 and 1:00 – 4:00 pm

*Last applicant taken will be 15 minutes prior to closing.

3. The Livescan operator will fingerprint you and complete the information at the bottom of the Livescan form and give you a copy.
4. Please return the form to Classified Personnel at the School District Office as soon as possible.
5. There is ^{A fee} ~~no cost~~ to you for this process, ~~which is \$10.00 per fingerprint.~~

Personal Vehicle Use Registration Form

Vehicle Use

Conejo Valley Unified School District	Destination
Start Date	End Date

Driver

Driver Name	Birth Date
Street Address	Telephone #
Driver License #	Expiration Date
Driving Restrictions	

Vehicle

Year/Make of Auto	Model	Vehicle License #
Insurance Carrier	Agent	Telephone #
Policy Number	Policy Expiration Date	Automobile Liability (Each Person) \$
Automobile Liability (Each Accident) \$	Medical Payment \$	Property Damage \$

NOTE: If a person drives their personal automobile or a rented vehicle for approved District purposes and that person is involved in an accident, or collision, the owner or renter of the vehicle is liable and responsible for death or injury to person or property resulting from a negligent or wrongful act or omission in the operation of the vehicle (*California Vehicle Code* section 17150).

A person driving their personal automobile for approved district purposes will be responsible for any costs associated with moving violations and parking violations incurred during such driving.

Acknowledgement

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe, and that I have read and understand the District Personal Vehicle Use Policy.

Driver Signature

Date

School/Site Approval

I have read the above and approve the use of this vehicle for the purpose stated.

School or Site Administrator Signature

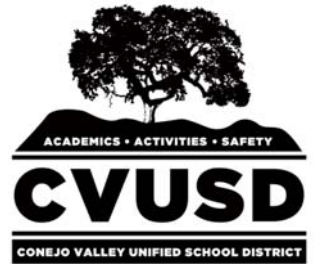
Date

Personal Vehicle Use Policy

Drivers and personal vehicles being operated for District purposes must meet or exceed the following guidelines:

1. All drivers, employees and volunteers, must be approved by the School or Site administrator.
2. Each driver must:
 - a. Possess a valid driver license.
 - b. Have at least five (5) years of driving experience for all car pools involving non-family riders.
3. Use of appropriate Vehicle Form must be completed and on file before each trip is taken.
 - a. Each driver must complete a new form at the beginning of each School Year and/or policy renewal, in accordance with district policy.
 - b. Proof of auto insurance with a copy of such policy's current "Declaration Page" (showing coverages and limits) must be attached to this form.
 - c. A copy of a valid driver license must be attached to this form.
 - d. A copy of the current vehicle registration must be attached to this form, unless the vehicle is rented
4. The driver must own the vehicle in use, unless the vehicle is rented.
5. All drivers will enforce reasonable travel speed in accordance with federal, state, and local laws in all motor vehicles.
6. All drivers are to obey all laws regarding electronic wireless communication, including but not limited to: telephone calls, writing, sending, or reading text messages, instant messages, and e-mail messages. Texting is strictly prohibited while the vehicle is in motion.
7. The "rule of three" is used when transporting students in personal vehicles. At least two adults are required to transport a single student. At least two students must be present if transported by a single adult.
8. No adult may smoke or otherwise use tobacco products, including vapor products, alcohol, or drugs while there are minors in the vehicle. Drivers may not consume alcohol for the duration of the field trip.
9. Prior to departure, the driver shall be instructed as follows:
 - a. Inspect the vehicle for safety: tires, brakes, lights, horn, etc.
 - b. Follow and enforce all safety recommendations of the vehicle manufacturer.
 - c. Follow the most direct route, and avoid unnecessary stops.
 - d. Do not carry non-District personnel, non-students, or other "guests" as passengers.
10. The vehicle must not be designed, used, or maintained to carry more than 10 passengers including the driver. Otherwise, a commercial driver license is required, and the vehicle must be a school bus or student pupil activity bus as defined in the Vehicle Code.
11. In no case shall the number of passengers, including driver, exceed the number of available seat belts.
 - a. Drivers must ensure that required seat belts and/or child passenger restraint systems are properly used. Child passenger restraint systems are required for children under eight (8) years of age *or* under 4 feet, 9 inches in height.
 - b. All passengers eight (8) years of age and older must wear his/her own seat belt. Seat belts are not to be shared.
 - c. Passengers will only ride in the cab if trucks are used.
12. All vehicles must be covered by liability insurance. Required automobile insurance coverage limits for vehicles in which students ride are:

Liability:	\$100,000 each person	\$300,000 each accident
Medical Payments:	\$5,000 each person	Property Damage: \$50,000
13. District Risk Manager or designee must approve in advance trip routes of more than 100 miles, in accordance with district policy.
14. The limit on the distance of transporting students in personal vehicles shall be a radius of 100 miles, in accordance with district policy.
15. Use of personal vehicles where hazardous road conditions exist is prohibited. This includes hazardous conditions declared by California Highway Patrol, or other City, County, State, or Federal agencies authorized to monitor road conditions.



MEMORANDUM

To: **VOLUNTEER**
Subject: Tuberculosis (PPD) Risk Assessment

In accordance with California Education Code Section 49406, and Health and Safety Code Sections 121525-121555, the Conejo Valley Unified School District requires that persons be examined to determine if he/she is free of active Tuberculosis, no more than sixty (60) days prior to volunteering. The examination consists of a TB Risk Assessment Questionnaire certified by a health care provider, and if necessary, an intradermal Mantoux Tuberculin Skin Test (TST), which if positive (10mm or more), must be followed by a chest X-ray. If you had a positive reaction to a prior skin test, proceed with a chest X-ray.

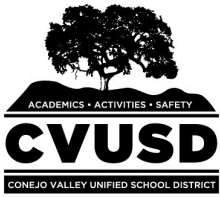
In the case of pregnancy and an intradermal TST that is positive, an X-ray examination may be delayed until after delivery, upon request of the volunteer's physician. In the interim, the physician must certify that the volunteer shows no symptoms of Tuberculosis and to the best of his/her professional judgment, presents no health hazard to students.

The Tuberculosis Risk Assessment can be obtained at **your cost** by presenting the attached form to the medical office of your choice or to any local urgent care facility. Your own physician or any other health agency may provide proof of a current Tuberculosis clearance.

It will be your responsibility to *return* the Tuberculosis (PPD) Risk Assessment, once it is completed, **to the school office where you plan to volunteer.** This assessment is good for four years, so you may want to make a copy for yourself.

THE TUBERCULOSIS RISK ASSESSMENT MUST BE COMPLETED BEFORE VOLUNTEERING.

FAILURE TO COMPLY WILL RESULT IN THE SCHOOL DISTRICT NOT BEING ABLE TO ACCEPT YOUR OFFER OF VOLUNTEER SERVICES.



CONEJO VALLEY UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT
 750 Mitchell Road, Newbury Park, California 91320
 Telephone (805) 498-4557

Student Last Name _____	First Name _____	Grade _____	Room # _____
Student Last Name _____	First Name _____	Grade _____	Room # _____
Student Last Name _____	First Name _____	Grade _____	Room # _____

ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

This form is mandatory to satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555. Must be reviewed by a *licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse)* prior to issuance of TB Clearance Certificate.

Volunteer Legal Name _____
 Last _____ First _____ Middle _____

Social Security # XXX-XX-____ Date of Birth _____

HISTORY OF POSITIVE TB TEST OR TB DISEASE: YES NO

If yes, you need to submit to a symptom review and a chest x-ray (if none performed in previous 6 months)

If no, respond to the risk factor questions 1- 5.

RISK FACTOR QUESTIONS YES / NO

1. **One or more signs and symptoms of TB** (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue). Yes No
 Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB.

2. **Close contact with someone with infectious TB disease** Yes No

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 No

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 No

5. **Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter** Yes No

⇒ If there is a "Yes" response to any of the questions 1-5 above, 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.

⇒ **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.*

I hereby submit this TB Risk Assessment Questionnaire for review on _____ (date), and certify that my responses are truthful to the best of my knowledge.

Signature

Date

AUTHORIZED HEALTH CARE PROVIDER CERTIFICATION

DOES NOT HAVE TB RISK FACTORS

REFERRED FOR TB SKIN TEST TB test administered on _____ Negative Positive

REFERRED FOR CHEST X-RAY / FOLLOW-UP EXAM

Health Care Provider Name _____

License No _____

Health Care Provider Signature _____

Date _____