



**NOTICE of TUBERCULOSIS CLEARANCE REQUIREMENT**

The Grossmont-Cuyamaca Community College District (GCCCD) encourages the health and safety of all employees and for the sake of our student and visitors. One aspect of this goal is to insure that employees are free from Tuberculosis, which is also a requirement of California Education Code §87408.6.

As a new employee, and every four (4) years during your GCCCD career, you are required to submit a Tuberculosis (TB) clearance to GCCCD.

The requirement regarding TB clearances has recently changed due to the adoption of California Senate Bill (SB) 1038 effective in 2017. New employees must submit a TB risk assessment to a health care provider who is licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. Only if TB risk factors are identified will the individual be required to undergo a TB examination to determine if they are free from active Tuberculosis. If an examination is necessary, it would consist of an approved intradermal TB test or any other test for TB infection recommended by the federal Centers for Disease Control and Prevention, and licensed by the federal Food and Drug Administration that, if positive, shall be followed by an X-ray of the lungs.

Please have a TB assessment completed and Certificate of Completion submitted to the GCCCD Human Resources department within 10 (ten) days after approved hire.

Enclosed is a TB assessment form (page 4), along with the Certificate of Completion (page 5).

In order to obtain the TB clearance at GCCCD expense, please schedule an appointment at one of our college health offices.

	<b>Building/Room</b>	<b>Phone Number</b>	<b>Assessment Days/Hours</b>
<b>Cuyamaca Health Office</b>	I – 134	619-660-4200	Please call for availability.
<b>Grossmont Health Office</b>	Griffin Center, Room 130	619-644-7192	Please call for availability.

The College Health Office will promptly send the Certificate of Completion form to Human Resources.

If you prefer to have the assessment completed by your personal physician, at your own expense, please submit the Certificate of Completion form to Human Resources at:

**Human Resources**  
**Grossmont-Cuyamaca Community College District**  
**8800 Grossmont College Drive, El Cajon, CA 92020**  
**619-644-7572**



**Employee Requirements:**

- A. Each employee will be required to provide proof of TB clearance upon initial hire, and once every four (4) years.
- B. Per California SB1038, effective 2017, new and ongoing employee TB clearances will no longer require a Tuberculosis Skin Test (TST) or Tuberculosis Blood Test (TBT). Instead, new and ongoing employees will be required to submit a TB Risk Assessment form to a licensed medical provider and obtain a TB clearance form, which the employee is responsible for submitting to GCCCD.
- C. If risk factors are identified, the medical provider will require an examination to determine that the individual is free from active TB will be necessary as provided by a health care provider who is licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. The examination will need to be in the form of the TST or TBT or any other TB test recommended by the federal Centers for Disease Control and Prevention.
- D. A person who transfers his or her employment from one community college district, private or public, or K-12 school district to GCCCD shall be deemed to meet the requirements if the person can produce a certificate of clearance that shows he or she was found to be free of infectious TB within 60 days of initial hire OR the Human Resources Department of the school previously employing the person verifies that the person has a certificate on file showing that the person is free of infectious TB.
- E. If the new employee has experienced previous positive TBT tests, which was followed by a chest X-ray the district's TB requirements can be fulfilled by meeting with the college health office to completed the TB assessment and bringing the physician's statement of the previous positive TBT or TST which prompted a chest X-ray.
- F. Every four (4) years each employee will be required to complete a TB Risk Assessment form with a medical provider to signify clearance from TB and submit the Certification of Completion form to Human Resources.

For more information please visit the [California Tuberculosis Controllers Association](#).



# California School Employee Tuberculosis (TB) Risk Assessment Questionnaire



(for pre-K, K-12 schools and community college employees, volunteers and contractors)

- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555.^
- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- Do not repeat testing unless there are **new** risk factors since the last negative test.
- Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:  
*For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.*

Name of Person Assessed for TB Risk Factors: \_\_\_\_\_

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

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

## History of Tuberculosis Disease or Infection (Check appropriate box below)

Yes

- 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 the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.

No (Assess for Risk Factors for Tuberculosis using box below)

## TB testing is recommended if **any** of the 3 boxes below are checked

One or more sign(s) or symptom(s) of TB disease

- TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.

Birth, travel, or residence in a country with an elevated TB rate for at least 1 month

- Includes countries **other than** the United States, Canada, Australia, New Zealand, or Western and North European countries.
- Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.

Close contact to someone with infectious TB disease during lifetime

## Treat for LTBI if TB test result is positive and active TB disease is ruled out

^The law requires that a health care provider administer this questionnaire. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. A Certificate of Completion should be completed after screening is completed (page 3).



## 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):**