



JEFFERSON SCHOOL DISTRICT

Learning today.... Leading tomorrow

STATEMENT OF FREEDOM FROM SYMPTOMS OF TUBERCULOSIS

California Education Code 49406, regarding Examination for Tuberculosis, was changed in 1988. This change affects school employees with documented positive skin tests that were followed with an x-ray and referred to the local health officer to determine the need for follow-up care. For these employees, there is no longer a requirement for additional skin tests or x-rays.

Our records indicate that you have had a positive TB skin test in the past and found by an x-ray to have no evidence of active tuberculosis. Please make arrangements to meet with Tina Coverdale, our District School Nurse. It is required to complete this symptom evaluation face to face. If you answer YES confirming that you have experienced ANY of the reported symptoms below, please notify Human Resources immediately and seek the advice of your health care provider. You will be required to submit proof from your provider certifying that you have no evidence of tuberculosis.

In the past year, have you had one or more UNEXPLAINED signs or symptoms of TB, which may include:

	YES	NO
1. Prolonged cough	<input type="checkbox"/>	<input type="checkbox"/>
2. Coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>
3. Fever	<input type="checkbox"/>	<input type="checkbox"/>
4. Night sweats	<input type="checkbox"/>	<input type="checkbox"/>
5. Weight loss	<input type="checkbox"/>	<input type="checkbox"/>
6. Excessive fatigue	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare Provider Signature _____ Date _____
Tina Coverdale BS, RN, CSN

Employee Name _____

Employee Signature _____ Date _____