

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
Office of Human Resources & Equal Opportunity
TUBERCULIN RISK ASSESSMENT/TB TEST INFORMATION

The employee has four (4) options to complete their TB test requirements. They are:

1. If they have had a TB test done within the last 4 years, simply provide your physician's signed note.
2. If they have worked at another community college or school district, ask them to forward your results directly to us, provided the TB clearance isn't over 4 years old. [TEA Assignments](#).
1. Visit one of our Occupational Health Center locations. This service is free. Please see page 2 for more information.
2. Your private physician may also test you—please be advised that we will not reimburse the cost. Please see page 4 for more information.

Welcome to Kaiser Permanente's Occupational Health and Safety Services Program (Northern California Region)

Thank you for choosing Kaiser Permanente for your employee's pre-placement/post-offer and employment-related health screening needs. We are committed to providing you with excellent service and look forward to working with you.

The following information is intended to:

- Assist you with locating a Kaiser Permanente On-the-Job (KPOJ) center and scheduling services
- Clarify our mutual responsibilities in reporting and maintaining employee records
- Answer questions regarding billing and payment processes

Please share this information with others in your organization who might be involved in scheduling and paying for these services.

Finding a Kaiser Permanente On-the-Job Center

Kaiser Permanente On-the-Job (KPOJ) has 28 locations in Northern California. Attached is a list identifying facility addresses, telephone numbers, managers, and physician leaders at each of the KPOJ locations.

Scheduling a Visit at a KPOJ Center

An appointment is necessary for all services except drug testing (a call is adequate to inquire about wait times for drug testing).

To schedule an appointment with a KPOJ clinic, please complete and email or fax your customized referral form to the specific KPOJ location. These four easy steps will complete your referral form.

1. Identify the designated employer's contact name, phone, and fax.
2. Identify the employee's name and phone number.
3. Select the service(s) requested and attach a job description, when applicable.
4. Indicate how you would like the appointment scheduled (with the applicant/employee or employer). ***If neither box is marked, the OHC will book the appointment with the applicant/employee.***

For questions on how to use your referral form, please contact me.

Instruct your employee/prospective employee to present a copy of this completed referral form to the KPOJ center to ensure the clearance forms are faxed to the designated employer representative.

Please note, without the Referral Form and job description (when applicable) KPOJ clinic staff may not be able to provide the required services and testing results in a timely fashion.

Reporting and Maintaining Employee Screening Results

Our KPOJ clinic staff understands that employee health screening results must be obtained as quickly as possible to expedite staffing decisions. Clearance forms are typically faxed within five business days of screening results being available and/or all vaccinations having been administered.

Clearance forms may only be released to the designated employer representative.

Our electronic medical record maintains medical information for your employees. We recommend that employers maintain these clearance forms for their records.

KPOJ provides medical screening services to support an employer's medical surveillance program. The employer retains the responsibility for managing the testing schedules associated with the program.

TEST WITH A KAISER OCCUPATIONAL HEALTH CENTER

To satisfy job-related requirements in the California Education Code and the California Health and Safety Code, all new employees and those with an expired TB certificate are required to have a Tuberculosis Risk Assessment, a Skin Test (TST), and any follow-up completed.

Employees who test positive for a TST must have a chest X-ray to rule out active disease, such as tuberculosis. If needed, one of our Kaiser Occupational Health Center locations will refer the employee to the appropriate medical facility for treatment and follow-up.

Employees who have previously tested positive are required to provide evidence of a positive TST followed by a negative chest X-ray. Such evidence shall be taken in person to a Kaiser Occupational Health Center for assessment.

Instructions:

Confirm Location: View Kaiser Occupational Health Center locations (attached sheet or on the New Hires website) to inform your HR representative of the location you wish to visit so they can complete your Referral Form. You will need to contact the location to schedule your appointment.

What to bring. At your visit, please advise the staff that you are from the Foothill-De Anza Community College District and that they should have received your referral form. You should also

bring a copy of the form to validate us as your employer They will require you to provide a government-issued ID.

Where to go: Kaiser Occupational Health Center various locations ([clinics](#)). The assessment and TST **free of charge** to our employees; however, **AN APPOINTMENT IS REQUIRED.**

Please note: You do not need an active Kaiser membership to receive the free TB service from a Kaiser Occupational Health Center. If you were never a Kaiser member, they will need to set up a profile (medical record number) to make an appointment for you. Please have your name, social security number, phone number, and address ready when you contact them.

What to turn into HR: Kaiser will fax the result directly to the HR office. We highly recommend that you obtain a copy from them for your records.

OHSS Exam Scheduling Contacts – Northern CA (Employment Exams and Related Services)

Steps for Employer:

- Send the completed OHSS referral form request to the OHSS email.
 - One referral form per employee. Do not send to multiple KPOJ locations.
- Email subject line must include **Appointment Request / KPOJ Location / Foothill De Anza Community College**
 - Patient’s name and/or MRN *should not* be included in the email subject line.
 - Comments should include that they new employee with contact them for an appointment.
- If the clinic prefers to fax a referral form, the KPOJ location will fax the appointment date/time.
 - Without the completed referral form, the KPOJ location may not be able to provide the required services and results promptly.

NORTHERN CALIFORNIA KPOJ CLINICS

Location	OHSS Email Request Mailbox
Antioch/Deer Valley	Occupational-Health-AMC@kp.org
Dublin	Occupational-Health-DUB@kp.org
Folsom	Folsom-Occupational-Health@kp.org
Fremont	Occupational-Health-Fre@kp.org
Fresno	FRS-OCCHHealth@kp.org
Hayward / Union City	Occupational-Health-UNC@kp.org
Manteca	MAN-Occupational-Health@kp.org
Martinez	Occupational-Health-MTZ@kp.org
Modesto	MOD-Occupational-Health@kp.org
Napa	OHSS-Napa@kp.org
Oakland	Occupational-Health@kp.org for new referrals Occupational-Health-Clearances-OAK@kp.org for clearances
Petaluma	PET-OCC@KP.ORG
Redwood City	OHSS-RWC@kp.org
Richmond	Occupational-Health-Richmond@kp.org
Roseville	Roseville-Occupational-Health@kp.org
Sacramento	Sacramento-Occupational-Health@kp.org
San Francisco	SFO-Occupational-Health@kp.org
San Jose	KPOJ-San-Jose@kp.org
San Rafael	SRF-OCC@kp.org
Santa Clara/Cupertino	SCLOCCMED-OHSS@KP.ORG
osa	SRO-OHS@kp.org

Selma	FRS-OCCHHealth@kp.org
South Sacramento	SSC-OccMedServices@kp.org
South San Francisco / Bayhill / San Bruno	SSF-Occupational-Health@kp.org
San Francisco/Mission Bay	<i>Clinic is temporarily closed</i>
Stockton	STK-Occupational-Health@kp.org
Vacaville	OHSS-Vacaville@kp.org
Vallejo	OHSS-Vallejo@kp.org
Walnut Creek (Park Shadelands)	Occupational-Health-SHA@kp.org

Occupational Health and Safety Services Referral Form

Please complete and fax or email this form to the Occupational Health Center location where services are to be provided. To inquire about appointment availability or to change or cancel an appointment, please call the Occupational Health Center, and ask for the OHSS service representative or a clinic staff member.

Employee should arrive at least 30 minutes early for their exam, and must bring the following:

- Government-issued ID (i.e., Driver's License, Real ID, passport)
- All immunization records, if applicable and available
- TB Test records, if applicable and available
- Eyeglasses/contacts/corrective wear (if applicable)
- Hearing aid (if applicable)

Clinic Location: _____ Date: _____

Phone: _____ Fax: _____

Company Name: Foothill De Anza CCD

Guarantor Name/Number (Internal Use): 320901187578

Company Contact for results/questions: _____

Phone: _____

Fax: _____

Employee Name: _____ Kaiser MR# _____

If Kaiser MR# not available, please provide the following:

Address: _____

Home Phone: _____ Work Phone: _____

SS#: (last 4 digits only) _____ Date of Birth: _____

Other Name(s) used (when applicable) _____

Gender: Male Female Job Title: _____

Services Requested

Preplacement Services:

ATTENTION: A job description is required at the time of the exam, unless previously submitted, to avoid a delay in medical clearance.

(PP2) CLINICAL, HEALTHCARE/EMERGENCY WORKERS, CORRECTIONS OFFICERS, SUBSTANCE ABUSE COUNSELORS

Standard Service(s): Pre-placement Exam, QuantiFERON, Venipuncture, Urinalysis w/ Micro

Select One:

History Screen **-OR-** QuantiFERON

As Employer Requested:

CBC/Diff

Chem Comprehensive Panel

(POSTPP) POLICE/SHERIFF PRE-PLACEMENT

Standard Service(s): POST Physical Exam, Audiogram, EKG (Resting), Cardiac Stress Test w/Treadmill, Spirometry, PPD 1-step OR QuantiFERON, Chem Comp Panel, CBC/diff, Titers: Hep A IgG Antibody / Hep B Surface Antibody (HBsAb) / Hep B Core Antibody (HBcAb) / Hep C Antibody, Venipuncture

Select One:

PPD 1-step **-OR-** QuantiFERON

Non-Preplacement Services:

(CDPH) CDPH TB RISK CLEARANCE – AB1997/SB792/SB1038

Standard Service(s): History/Review of Tests/Brief Screen - No Physical Exam OR PPD 1-step OR QuantiFERON

Select One:

History Screen

-OR-

PPD 1-step

-OR-

QuantiFERON

(DRUG) URINE DRUG AND BREATH ALCOHOL TESTING

Standard Service(s): Collection for Drug Screen

Select One:

10-Panel Non-DOT Lab-based Test

As Indicated:

Breath Alcohol Testing (BAT)

(Continued on next page.)

Occupational Health and Safety Services Referral Form

(VAX) VACCINATION ONLY

Standard Service(s): History/Review of Tests/Brief Screen - No Phys Exam

- Measles Mumps Rubella (MMR)
- Varivax
- Tdap or Td
- Influenza
- Hepatitis B
- Hepatitis A
- Twinrix (Hep B and A Combo)

(LAB) LABORATORY ONLY

Standard Service(s): History/Review of Tests/Brief Screen - No Phys Exam, Venipuncture

- Titer: Mumps
- Titer: Rubella
- Titer: Rubeola
- Titer: Varicella
- Titer: Hepatitis B Surface Antibody (HBsAb)
- Titer: Hepatitis A IgG Antibody (HAAb)

Other services may be provided and billed at the physician/clinician's discretion to give clearance on an applicant/employee as identified in your Letter of Agreement (LOA) under the "As Clinically Indicated" section of that visit category. If other screening/testing is needed and is not outlined in the LOA, we will call for authorization.

SCHEDULE APPOINTMENT WITH: Applicant/Employee (and notify employer) Employer

Preferred date and/or timeframe for appointment: _____

APPT IS SCHEDULED FOR: _____

Comments/Additional Requests: _____

For clinic use only:

1 st attempt for notification to employee:	Date:	Time:	Initials:
2nd attempt for notification to employee:	Date:	Time:	Initials:
3rd attempt for notification to employee:	Date:	Time:	Initials:

TEST WITH YOUR PRIVATE PHYSICIAN

To satisfy job-related requirements in the California Education Code and the California Health and Safety Code, all new employees and those with an expired TB certificate are required to have a Tuberculosis Risk Assessment, a Skin Test (TST), and any follow-up completed.

Those employees who test positive with a TST must have a chest x-ray to rule out active Tuberculosis. If needed, your physician should refer you to the appropriate medical facility for treatment and follow-up.

Employees who have previously tested positive are required to provide evidence of a positive TST followed by a negative chest X-ray. Such evidence shall be taken in person to their personal physician's office for assessment.

Instructions:

What to bring: Some health care providers will have their form, which is acceptable as long as it includes the date of the certification and the signature of your health care provider. If they require our FHDA form, please have them call your HR representative.

Where to go: You may visit a physician of your choice. If you are already a Kaiser member and prefer to have the test done at your own Kaiser facility, this will also be regarded as your private physician. Please be advised that we will not reimburse the cost.

What to turn into HR: Please have your health care providers submit their form to: [TEA Assignments](#). Your personal physician's form is acceptable as long as it includes the date of the certification and the signature of your health care provider.

You may return the results/certificate by email, fax or US mail.

Email: [TEA Assignments](#).

Fax: 650-949-2831

US mail: 12345 El Monte Rd. Los Altos Hills, CA 94022. Attn: Human Resources

ate: _____

To be completed by employee:

(Print) Last Name	First Name	Phone #	CWID#
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To be completed by Health Care Provider:

CERTIFICATION OF TUBERCULOSIS EXAMINATION AND REPORT:

= Tuberculosis Risk Assessment Certificate of Completion attached. No additional examination necessary.

= TST:

: Negative _____ (millimeter) :Positive _____ (millimeter) Date Give: _____

Date Read: _____

= QUANTIFERON TB GOLD

=Negative E Positive =Indeterminate

Date: _____

Clinical Notations:

: SURVELLANCE/SYMPTOMS REVIEW FORM:

= Negative E Positive Date: _____

: CHEST X-RAY

= Negative E Positive Date: _____

: OTHER: _____ Date: _____

Follow-up: = Yes E No

Signature of Health Care Provider



School Staff & Volunteers: Tuberculosis Risk Assessment

Job-related requirement for child care, pre-K, K-12, and community colleges

The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading TB. Use of this risk assessment is required in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055 and 121525, 121545, and 121555.

The law requires that a health care provider administer this risk assessment. 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. Any person administering this risk assessment is to have training in the purpose and significance of the risk assessment and Certificate of Completion.

Name of Employee/Volunteer Assessed for TB Risk Factors:

Assessment Date:

Date of Birth:

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

Yes

If there is a documented history of positive TB test (infection) 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.

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

Risk Factors for Tuberculosis (Check appropriate boxes below)

If any of the 5 boxes below are checked, perform a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). Re-testing with TST or IGRA should only be done in persons who previously tested negative, and have new risk factors since the last assessment. A positive TST or IGRA should be followed by a chest x-ray, and if normal, treatment for TB infection considered. (Centers for Disease Control and Prevention [CDC]. *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013)

One or more signs and symptoms of TB: prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue.

Evaluate for active TB disease with a TST or IGRA, chest x-ray, symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

Close contact to someone with infectious TB disease at any time

Foreign-born person from a country with an elevated TB rate
Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. IGRA is preferred over TST for foreign-born persons

Consecutive travel or residence of ≥ 1 month in a country with an elevated TB rate
Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.

Volunteered, worked or lived in a **correctional or homeless** facility



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):

Telephone and FAX: