



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## MEMORANDUM

**Date** : January 23, 2012

**To** : CDCR Extended Executive Staff  
CCHCS Executive Staff  
CCHCS Managers/Supervisors  
Return-to-Work Coordinators

**Subject** : **ANNUAL EMPLOYEE TUBERCULIN SKIN TESTING AND EVALUATION PROGRAM FOR FISCAL YEAR 2011/2012**

This memorandum announces the Fiscal Year 2011/2012 Annual Employee Tuberculin (TB) Skin Testing (TST) and Evaluation Program for the California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) staff, as required by *Penal Code* Sections 6006-6009. Please note that beginning this year, two significant program changes will be made:

- Testing and evaluation services will be provided by Emeryville Occupational Medical Center (EOMC).
- Institutions will schedule employees in shifts throughout the testing hours. Refer to the scheduling section of this memorandum for further information.

The 2012 Annual Employee TB TST and Evaluations will be conducted during February and March of 2012 for CDCR and CCHCS staff. To ensure all CDCR and CCHCS staff members are in compliance with *Penal Code* Sections 6006-6009, the following information is provided for the 2011-2012 TST and evaluation program:

1. Who must be tested or evaluated?

- All CDCR and CCHCS employees will be tested or examined annually for TB as a condition of their continued employment. Employees who fail to comply with this legal requirement could be subject to termination (*Government Code* Section 19585).
- Please Note: Employees with a history of exposure to TB (a prior positive TB test) must be evaluated annually for symptoms of TB. If the employee is TB symptom free, no further evaluation is required. If the employee has symptoms consistent with TB, he or she will be directed for further medical follow up. These evaluations will be provided on any day that has testing and evaluation offered on the attached TB Testing/Evaluation Calendar. An annual or periodic chest x-ray is not required. A written copy of a chest x-ray report indicating that the person is TB free is obtained at the time of hire and is sufficient documentation for mass employee TB screening purposes. A new chest x-ray would be required only at the time the person develops signs or symptoms of TB.

# MEMORANDUM

- Non-CDCR employees, including contractors, volunteers, and employees from other state agencies, who regularly visit the institutions or have regular contact with CDCR inmates or parolees are required to have a documented annual TB TST/evaluation. Supervisors shall determine eligibility to receive TB testing services through this testing program.
  - Employees returning from extended leave who miss the Annual Employee TST/evaluation Program must comply with the TST/evaluation mandate. These employees will coordinate with their Return-to-Work (RTW) Coordinators to ensure that the TST/evaluation occurs prior to the employees' return to work.
  - Employees who completed a TST/evaluation during January 2012 are NOT REQUIRED to be retested/reevaluated in February/March 2012 provided that the January 2012 TST/evaluation was properly documented on the *Employee Tuberculin Skin Test (TST) and Evaluation* form (CDC 7336, Rev. 10/02) (Attachment I) or in a format with the equivalent detailed information on the CDC 7336.
2. How must the TB test and evaluation be documented?
- Results of the Annual Employee TST/Evaluation Program must be documented on the CDC 7336 (Rev. 10/02). The CDC 7336 provides the required documentation, including the date of the test, test placement, reading and/or evaluation, the type of test (Mantoux only), the signature of the health care provider administering the test and evaluation, and the employee's identifying information. It documents that the employee is TB free. The employee should maintain this form for their records.
  - For administrative purposes, employees tested during the Annual Employee TB Testing Cycle will also receive a *TB Infectious Free Staff Certification Form* CDC 7354, Rev. 5/01 (Attachment II). The CDC 7354 does not include confidential medical information but meets the documentation required by the employer that the employee is TB free. Employees should give the original of the completed CDC 7354 to their manager or supervisor, keeping a copy for their records. (Employees will receive a computer-generated form with electronic signatures that serves as an original for this purpose.)
    - Employees returning from extended leave who miss the annual testing must also have a CDC 7354 completed at the time they get the CDC 7336 and provide the original copy to their manager or supervisor.
    - Employees who are tested in January 2012, except for new hires, must also have a CDC 7354 completed and provide the original copy to their manager or supervisor. If the employee did not obtain a CDC 7354 in January, go to the testing location, bring a copy of the CDC 7336 and one will be provided.
  - Employees who elect to obtain a TST/evaluation through their personal health care provider or their local Public Health Department, **at no cost to the CDCR**, must ensure that their provider completes a CDC 7336 (Rev. 10/02). It is the employee's responsibility to provide the CDC 7336 (Attachment I) to the medical professional who administers and evaluates the TST. It is the employee's responsibility to return the *original* CDC 7336 to EOMC, keeping a copy for his or her records. Employees

must also have the provider complete the CDC 7354 (Attachment II) and should give the original of the completed CDC 7354 to their manager or supervisor, keeping a copy for their records.

For employees getting TB testing and evaluation by their personal health care provider or their local Public Health Department:

- CDCR and CCHCS employees, who get TST/evaluations by their personal health care provider or their local Public Health Department, must keep a copy of the CDC 7336 and send the original completed form to EOMC. Take a copy of the CDC 7354 (Attachment II) to the provider and have it completed. Give the original of the completed CDC 7354 to their manager or supervisor and keep a copy for their records.

For Headquarters and Regional employees working in some Regional locations:

- In prior years, several CDCR Divisions have sent additional instructions to their employees about getting tested/evaluated and processing the CDC 7336 that documents their annual TST/evaluation. Employees in the Division of Adult Parole Operations/Parole Regions, Division of Juvenile Justice, and Prison Industries Authority will likely receive additional specific guidance in separate memoranda regarding 2012 annual TB testing and evaluation. Although the documentation process may be specific to these Divisions, all testing and evaluations must be completed using the CDC 7336 form (Rev. 10/02). Give the original of the completed CDC 7354 to their manager or supervisor, keeping a copy for their records.

### 3. When and where can employees be TB tested or evaluated?

- Employees may be tested/evaluated at the times and locations listed on the *TB TST/Evaluation Schedule* (Attachment III).
- Out-stationed, Regional, or traveling employees may elect to obtain their annual TST/evaluation at a nearby institution.
- Employees who are tested/evaluated at a location other than one of the designated CDCR testing sites must mail the original completed CDC 7336 (Rev. 10-02), in an envelope marked "CONFIDENTIAL" to the following address:

CDCR TB Testing Program  
Emeryville Occupational Medical Center  
PO Box 99440  
Emeryville, CA 94608

#### 4. How will employees be scheduled for testing?

- In the past, employees have presented for testing in an unscheduled way. This year, in order to improve service levels and reduce wait times, we are asking that institutions and all other planned testing locations work with the medical vendor, EOMC, to schedule the tests with an effort toward maximizing continuous flow throughout the test day whenever feasible for each program. Questions regarding scheduling can be addressed to one of the following:

Steve Zimmerman, Assistant Contract Administrator, EOMC  
(510) 653-5200, Ext. 0142/szimmerman@emeryvilleocmed.com

Sue Brissette, Contract Administrator, EOMC  
(510) 653-5200, Ext. 0141/sbrissette@emeryvilleocmed.com

#### 5. Who must maintain a record of testing/evaluation?

- All employees must keep a copy of the CDC 7336 (Rev. 10/02) in the event they are asked to provide a copy upon transfer. The copies of the CDC 7336 and the CDC 7354 should be kept in the employee's personal records.
- Managers and supervisors are responsible for ensuring that their staff members are tested/evaluated during the annual Employee TB Testing cycle. They must maintain records indicating that their employees have completed annual TST/evaluations and are in compliance with the requirements described in this memorandum. Additional information will be issued specifically to the managers and supervisors, notifying them of the process they must follow in order to document their employees have complied with the annual TST and Evaluation Program.
- Managers and supervisors are responsible for providing the Emeryville address (above) to those employees who *do not* test at a CDCR Testing Site so that they can mail their original completed CDC 7336. Mail forms in an envelope marked "CONFIDENTIAL."
- Employees who are tested at one of the CDCR Testing Sites and receive a computer generated CDC 7336 form do not need to mail a copy to Emeryville, as it is already in the database.
- Note that EOMC will provide an activity report to institutional executive leadership.

#### 6. What happens if an employee TB TST changes from a "negative reaction" to a "positive reaction or they have symptoms of possible active TB?"

- Employees who are determined to have a newly positive TST (change from last year's negative to a positive reaction) or symptoms of possible active TB or are diagnosed with active TB infection must contact their RTW Coordinator, Health and Safety Officer or their supervisor to be referred for a required medical evaluation.

- An *Employer's Report of Occupational Injury or Illness* form (SCIF 3067) must be completed for all staff that have a newly positive TB test (a change from negative to positive to the TST) or are diagnosed with infectious TB. The employee can obtain a SCIF 3067 from the Health and Safety Officer, the RTW Coordinator, or his or her supervisor. At that time, the employee must be referred to a medical provider for a medical evaluation. Employees with symptoms of possible active TB must complete form SCIF 3067 unless they wish to have prompt evaluation and diagnosis/ruling out of infectious TB at their own expense through their personal physician. After being evaluated by a SCIF provider or personal health care provider, as a condition of employment, the employee must contact his or her RTW Coordinator with follow up information that documents that the employee is free of infectious TB or is being treated for active TB prior to returning to work. The RTW Coordinator will notify the CCHCS Public Health Unit that the employee's TB free documentation has been submitted. Generally, the employee must complete the required medical follow up within the next three to four days after being advised to get medical follow up for a recent TB test conversion. Employees who fail to comply with this legal requirement could be subject to termination (*Government Code* Section 19585).
- Employees who are determined to have symptoms of possible active tuberculosis are advised to promptly contact their RTW Coordinator, Health and Safety Officer, or their supervisor to be referred for, or their personal physician at their own expense to receive, a required medical evaluation as a condition of employment. Generally, the employee must complete the required medical follow up within the next three to four days after being advised to get medical follow up. Employees who fail to comply with this legal requirement could be subject to termination (*Government Code* Section 19585).

7. What is the definition of a "positive" TST?

- An employee who gets an induration or bump at the test site of 10 mm or larger is considered to have a positive TST. For employees with an x-ray suggesting healed TB disease OR a medical history of conditions or diseases that cause immunosuppression, an induration of 5 mm to 9 mm may indicate a positive TST. The employee with a TST of 5 mm or greater will be referred for further medical evaluation.

8. Who is required to take the TB Quiz?

- Employees in Bargaining Unit (BU) 6 are required to review the *Tuberculosis Training for Bargaining Unit 6 Employees*, take the quiz, and submit certification of their passing score to their supervisor during each departmental TB Testing Cycle. It is available on the intranet.

The supervisor is responsible for ensuring that the TB Quiz certification is filed in each BU 6 employee's training file. PLEASE do NOT submit the TB Quiz or quiz results to the Public Health Unit. BU 6 employees working for CCHCS at Headquarters can send their completed TB Quiz results to the Education and Training Unit, 501 J Street, Suite 300, Sacramento, California 95814-2325.

# MEMORANDUM

To assist in the coordination of this annual program, a list of Frequently Asked Questions (Attachment IV) is included with this memorandum. A detailed description of the annual TB testing process is also located on the intranet.

After reviewing this information, if you have procedural questions regarding the Annual Employee TB Testing and Evaluation Program, contact one of the following:

Steve Zimmerman, Assistant Contract Administrator, EOMC  
(510) 653-5200, Ext. 0142/szimmerman@emeryvilleoccmcd.com

Sue Brissette, Contract Administrator, EOMC  
(510) 653-5200, Ext. 0141/sbrissette@emeryvilleoccmcd.com

Questions concerning the TST/evaluation of employees with special or unusual *medical* circumstances should be directed to Steven Gest, MD, EOMC, (510) 653-5200, Ext. 0105.



R. STEVEN THARRATT, MD, MPVM, FACP  
Statewide Chief Medical Executive  
California Correctional Health Care Services



KAREN REA, PHN, MSN, FNP  
Statewide Chief Nurse Executive  
California Correctional Health Care Services



R. J. SUBIA  
Director (A)  
Division of Adult Institutions

## Attachments

cc: Robert Ambroselli, Director, Adult Parole, CDCR  
Liana Bailey-Crimmins, Chief Information Officer, CCHCS  
Mitzi Higashidani, Director, Administration Support, CCHCS  
Martin Hoshino, Undersecretary, Administration, CDCR  
Deborah Hysen, Deputy Director, Facility Planning, Construction and Management, CDCR  
Renee Kanan, M.D., MPH, Chief Quality Officer, Clinical Operations, CCHCS  
Bruce Leistikow, M.D., MS, Chief Physician and Surgeon, Epidemiology and Surveillance, CCHCS  
Janet Lewis, Chief of Medical Administration Support Services, CCHCS  
Mike Minor, Deputy Director, Juvenile Facilities, CDCR  
Kathy Manzer-Matsuo, Chief, Office of Wellness, CDCR  
Terri McDonald, Undersecretary (A), Adult Operations, CDCR  
Tami McKee-Sani, Superintendent of Education, DJJ Education Services, DJJ, CDCR  
Chris Meyer, Director, Facility Planning, Construction and Management, CDCR  
Janet Mohle-Boetani, M.D., MPH, Chief Medical Officer, Public Health Unit, CCHCS  
Dorene Nylund, Deputy Director (A), Management and Policy, CDCR  
Rachel R. Rios, Director (A), Juvenile Facilities, DJJ, CDCR  
Jane Robinson, R.N., Chief Nurse Executive, CCHCS  
Richard Stapler, Director, Community Outreach and Legislation, CCHCS

# MEMORANDUM

Page 7 of 7

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Ron Wisdom, M.D., Chief Medical Officer, DJJ Health Care Services, DJJ, CDCR  
John Wordlaw, Deputy Director, Office of Fiscal Services, CDCR

STATE OF CALIFORNIA

**EMPLOYEE TUBERCULIN SKIN TEST (TST) AND EVALUATION**  
CDC 7336 (Rev. 10/02)

DEPARTMENT OF CORRECTIONS

**DISTRIBUTION:**

WHITE : HCSD PUBLIC HEALTH SECTION

YELLOW : EMPLOYEE MEDICAL FILE

PINK : EMPLOYEE

**CONFIDENTIAL EMPLOYEE MEDICAL INFORMATION**

**INSTRUCTIONS:** Tuberculosis (TB) screening must be performed by a licensed health care provider whose legally authorized scope of practice allows him/her to conduct medical examinations and/or the Mantoux TB Skin Test (TST) in accordance with the recommendations of the Centers for Disease Control and Prevention to determine if a person has TB infection or disease.

**EMPLOYEE (Complete the following section - type or print clearly)**

<b>1</b>			<b>EMPLOYEE INFORMATION</b>		
PRINT OR TYPE EMPLOYEE'S FULL NAME (AS IT APPEARS ON STATE PAYCHECK)		GENDER			
FIRST	MI	LAST	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
BIRTHDATE		LAST 6 DIGITS OF SOCIAL SECURITY NUMBER		NEW EMPLOYEE/CADET	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
INSTITUTION OR DIVISION		UNIT OR BRANCH		DEPARTMENT (IF NOT CDC)	
EMPLOYEE SIGNATURE				DATE	

**HEALTH CARE PROVIDER (Complete Sections 2-6 as required - refer to instructions on reverse side of form)**

<b>2</b>			<b>PRIOR TST / TB HISTORY</b>		
(AS DOCUMENTED IN THE EMPLOYEE HEALTH CARE RECORD)			<b>NOTE: PRIVATE PROVIDERS ATTACH DOCUMENTATION OF PRIOR HISTORY</b>		
PRIOR SIGNIFICANT TB SKIN TEST/INFECTION?		IF YES, DATE: _____ INDURATION SIZE: _____ MM		PRIOR TB DISEASE?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> YES (IF YES, DATE)	<input type="checkbox"/> NO

**NOTICE: HIV AND OTHER MEDICAL CONDITIONS MAY CAUSE A TST TO BE NEGATIVE WHEN TB INFECTION IS PRESENT**

<b>3</b>						<b>TST ADMINISTRATION (5TU/0.1 milliliter)</b>						
(CHECK ONE)		LOT NUMBER		EXPIRATION DATE:		TST ADMINISTERED BY (PRINT NAME)		SIGNATURE:		DATE:		
<input type="checkbox"/> TUBERSOL												
<input type="checkbox"/> APILSOL												
INJECTION SITE:			INJECTION DATE:			INTERPRETATION			TST RESULT (MM INDURATION)		DATE TST READ/ OR OF SIGN & SYMPTOM EVAL.	
<input type="checkbox"/> LFA *						<input type="checkbox"/> SIGNIFICANT						
<input type="checkbox"/> RFA **						<input type="checkbox"/> INSIGNIFICANT						

<b>4</b>												<b>EVALUATION FOR SIGNS AND SYMPTOMS (MUST BE COMPLETED FOR ALL INDIVIDUALS)</b>											
<input type="checkbox"/> NO SYMPTOMS				SYMPTOMS (CHECK ALL THAT APPLY)				<input type="checkbox"/> WEIGHT LOSS (UNEXPLAINED)				<input type="checkbox"/> UNEXPLAINED FATIGUE											
				<input type="checkbox"/> PERSISTENT (>2 WKS) COUGH				<input type="checkbox"/> UNEXPLAINED FEVER				<input type="checkbox"/> UNEXPLAINED NIGHT SWEATS											

<b>5</b>												<b>CHEST X-RAY</b>											
<input type="checkbox"/> CHEST X-RAY NEEDED						CHEST X-RAY RESULT																	
<input type="checkbox"/> CHEST X-RAY REPORT ON FILE (COPY REQUIRED)						<input type="checkbox"/> NORMAL						CONSISTENT W/TB											
						<input type="checkbox"/> ABNORMAL						<input type="checkbox"/> YES <input type="checkbox"/> NO											
<b>6</b>												<b>COMMENTS:</b>											
												<input type="checkbox"/> EMPLOYEE REFERRED FOR FOLLOW-UP MEDICAL EVALUATION											
												<input type="checkbox"/> NO SHOW-EMPLOYEE NOTIFIED											
												<input type="checkbox"/> EMPLOYEE PROVIDED WRITTEN NOTIFICATION OF TST RESULTS											

 **Employee is Free of Infectious Tuberculosis**

EVALUATOR NAME				EVALUATOR SIGNATURE				DATE			
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\* LFA : Left Forearm

\*\* RFA: Right Forearm

**NOTICE TO PRIVATE PHYSICIANS ON REVERSE SIDE**  
**PLEASE READ PRIOR TO TESTING**

**NOTICE TO PRIVATE PHYSICIANS**

**CONFIDENTIAL EMPLOYMENT MEDICAL INFORMATION**

THE CALIFORNIA PENAL CODE, SECTION 6006 et seq., REQUIRES ALL DEPARTMENT OF CORRECTIONS' (CDC) employees and certain other individuals to have an initial, annual, and as medically necessary Mantoux Tuberculin Skin Test (TST) or evaluation. The testing must occur as instructed below. The employee must provide the results of the TST and/or evaluation on the REQUIRED form: the Employee Annual Tuberculin Skin Test (TST) and Evaluation, CDC 7336.

**DEFINITIONS:**

**INDURATION:** Swelling or raised skin. Note: the presence of erythema is NOT indicative of a TST reaction; only the induration is measured.

**MANTOUX TST:** Intradermal injection of 0.1 milliliters (ml) of Purified Protein Derivative, 5 Tuberculin Units (TU).

**PRIOR TST:** A Mantoux TST in which clearly documented and dated results are available in millimeters (mm).

**INSIGNIFICANT TST RESULT:** Induration of less than (<) 10 mm if new, or < 5 mm, if contact or known immunocompromised.

**SIGNIFICANT TST RESULT:** Induration equal to or greater than (>) 10 mm, OR > 5 mm if contact or known immunocompromised.

**INSTRUCTIONS: EMPLOYEE**

1. Complete all of the items in SECTION 1 - All Boxes Must Be Completely Filled In.

- Be sure the information you provide is accurate and complete.
- The health care provider(s) (HCP) administering and evaluating the TST, including the exam for TB signs and symptoms, must sign and date the appropriate blocks.
- Advise the HCP to follow the steps below when completing SECTION 2 through SECTION 6.
- If a chest x-ray (CXR) is needed, you must submit a copy of the CXR report with this form to be placed in your health record.
- Submit the completed form (Employee Tuberculin Skin Test (TST) and Evaluation, CDC 7336), in a sealed envelope, as instructed by your supervisor/TB coordinator.

**INSTRUCTIONS: HEALTH CARE PROVIDER - All Boxes Must Be Completely Filled In.**

**SECTION 2:** If prior TST results are available, the employee or HCP must provide written documentation including the patient's name, date test was administered, and reaction in mm. Document this in SECTION 2. If documented results are:

- INSIGNIFICANT and more than 30 days old, proceed to Section 3.
- INSIGNIFICANT and less than 30 days old, proceed to Section 4.
- SIGNIFICANT on any date: proceed to Section 4. Must also complete Section 5.

If there are no appropriately documented prior TST results, go to the instructions for Section #3.

**SECTION 3:** Administer a new TST, and document results in SECTION 3. NOTE: The HCP administering the TST (SECTION 3), and the HCP evaluating the TST (SECTION 6), must sign in the appropriate blocks. If the TST results are:

- INSIGNIFICANT, complete Section 4. Evaluator must sign and date under Section 6.
- SIGNIFICANT, proceed to Section 4. Must also complete Section 5. Evaluator must sign and date under Section 6.

If an individual claims to have a prior significant TST, but cannot provide appropriate documentation, a TST must still be administered. This is not medically contraindicated. However, if there are still questions, although this is not a CDC procedure, it has been found useful to administer a diluted TST: dilute 0.2 cc of the standard 5 TU/0.1cc solution with 0.8 cc of sterile saline, then use 0.1 of this solution to administer a TST. If the results are significant, no further testing is necessary, proceed as directed below for significant TST's. If the results are insignificant, proceed with a standard TST.

If the administered or documented TST shows a INSIGNIFICANT result, the employee probably does not have TB infection. Factors affecting the immune system, pregnancy, or recent TB infection may cause a false insignificant TST reaction, even when TB disease exists, but

**CDC HCPs CANNOT ASK CDC EMPLOYEES ABOUT NON TB HEALTH HISTORY, INCLUDING IMMUNOSUPPRESSIVE CONDITIONS**

If the TST indicates a SIGNIFICANT reaction, further medical evaluation and a CXR are needed to rule out active TB disease.

- Complete SECTIONS 4, 5 AND 6. The HCP evaluating for TB signs and symptoms, must sign and date the form in the space provided at the bottom of the form (SECTION 6).
  - Give a copy of the CXR report, if a CXR is taken, to the employee for the CDC records.
- The space identified as "DATE TST READ OR OF SIGNS & SYMPTOMS EXAM" refers to date that the employee's TB status is determined.
- After evaluation and/or treatment the CDC 7336 is completed.
  - Give the completed CDC 7336 and the CXR report to the employee.

**SECTION 4:** Complete evaluation for all employees, regardless of TST result, for TB signs and symptoms; 3 or more positives warrant special concern.

**SECTION 5:** To be completed for individuals with a documented prior or newly significant TST. Attach copy of CXR report.

**SECTION 6:** Comments as necessary. Evaluator must sign and date the form.

The Centers for Disease Control and Prevention and the California Tuberculosis Controllers Association recommend the following:

1. Tine test is NOT an acceptable skin test to determine exposure to the TB bacillus.
2. A CXR is an unacceptable screening method for detecting TB infection.
3. Mantoux TST is the *only* acceptable screening method for detecting TB infection.
4. The process for administering, evaluation, and documenting the Mantoux TST are:
  - a) Must be given intradermally.
  - b) 0.1 ml (s) of 5 TU Purified Protein Derivative must be used.
  - c) The test must be interpreted by a qualified HCP.
  - d) Results must be documented/reported in mm(s) of induration.

TB INFECTIOUS FREE STAFF CERTIFICATION  
CDC 7354 (REV 5/01)DISTRIBUTION:  
ORIGINAL-EMPLOYEE  
MEDICAL FILE  
CANARY-EMPLOYEE

Applicants, current employees, volunteers and employees from other state agencies who work in the California Department of Corrections (CDC) facilities or with CDC inmates (as defined in Penal Code Section 6006 et seq.) are required to be evaluated for tuberculosis (TB) and certified to be free of TB in an infectious or contagious stage prior to assuming duties with CDC, and at least annually thereafter. The evaluation shall be done by a licensed physician and surgeon or his/her licensed designee whose legally authorized scope of practice allows him/her to conduct examinations for TB under physician supervision; in accordance with the most current recommendations of the Centers for Disease Control and Prevention. Certificates shall be submitted to and maintained by CDC.

**CERTIFIED TO BE TB INFECTIOUS FREE**

PATIENT'S FULL NAME AS IT APPEARS ON STATE PAYCHECK (TYPE OR PRINT CLEARLY)	LAST 6 DIGITS OF SSN# (FOR IDENTIFICATION PURPOSES ONLY)
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I, \_\_\_\_\_, a physician and  
 PRINT OR TYPE PHYSICIAN'S NAME AND TITLE  
 surgeon licensed by the Medical Board or Osteopathic Medical Board of California, or my licensed designee, have \*evaluated the patient, identified above, and **CERTIFY** he/she is free of tuberculosis in an infectious or contagious stage.

(\* IF EVALUATION INCLUDES A TB SKIN TEST [REQUIRED IF NO **WRITTEN MM DOCUMENTATION** OF A PRIOR POSITIVE], THE MANTOUX INTRADERMAL METHOD WITH A STANDARD DOSE OF PURIFIED PROTEIN DERIVATIVE MUST BE USED.)

EVALUATOR'S OR PHYSICIAN'S SIGNATURE (AS APPROPRIATE)	DATE	TELEPHONE NUMBER
	EVALUATOR'S NAME AND TITLE IF DIFFERENT FROM ABOVE (PRINT)	
ADDRESS		

**TB INFECTIOUS FREE STAFF CERTIFICATION**  
CDC 7354 (REV 5/01)  
**NOTICE TO PHYSICIANS**

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**CONFIDENTIAL EMPLOYMENT MEDICAL INFORMATION**

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**DEFINITIONS:**

**PHYSICIAN AND SURGEON:** An individual licensed by either the Medical Board of California or the Osteopathic Medical Board of California.

**LICENSED DESIGNEE:** An individual who the physician and surgeon designates to conduct the required examination in his/her place, and whose legally authorized scope of practice allows him/her to conduct examinations for TB under physician supervision.

**INSTRUCTIONS: EMPLOYEE**

Complete the top portion of the form; clearly print your legal name and the last six digits of your Social Security Number.

**INSTRUCTIONS: HEALTHCARE PROVIDER**

After completing the required examination (as directed on the back of the CDC Form 7336 "Employee TST and Evaluation") and completing and signing that form;

- Print the name and title of the supervising physician where indicated.
- The physician or designated evaluator (whoever completes the examination) should sign in the appropriate box. If a designated evaluator, complete the box "Evaluator's Name and Title."
- Date the form; complete the boxes for the telephone number and address.

**California Department of Corrections and Rehabilitation (CDCR) Annual  
Employee Tuberculin Skin Testing and Evaluation (TST/evaluation) Schedule\***

**Date**

**Location**

Week of February 6, 2012

- 501 J Street includes 660 J Street employees (HQ)
- Richard J. Donovan (RJD)

Week of February 13, 2012

- CSP - Corcoran (COR)
- California Institution for Men (CIM)
- 10000 Goethe Road, Sacramento (HQ)
- 9838 Old Placerville Road, Sacramento (HQ)

Week of February 20, 2012

- Richard A. McGee Correctional Training Center, Galt
- Folsom State Prison (FSP)
- 3701 North Freeway Boulevard, Sacramento (HQ)

\*Schedule will be revised to include statewide schedule

**California Department of Corrections and Rehabilitation (CDCR) Annual Employee Tuberculin Skin Testing and Evaluation (TST/evaluation)**

**FREQUENTLY ASKED QUESTIONS (FAQ)**

**1. What authority mandates annual TST/evaluation for all CDCR employees?**

*Penal Code* sections 6006-6009 mandates that all CDCR employees, and certain other groups, receive an annual TST/evaluation.

**2. What happens if an employee fails to receive the annual TST/evaluation?**

*Government Code* 19585 provides for non-adverse action to terminate employment if the legal requirements of *Penal Code* sections 6006-6009 are not met.

**3. How are employees' annual TST/evaluations documented?**

TST/evaluations completed during the Headquarters Testing Cycle in the Sacramento area will be documented on two forms: the computer generated *Employee Annual Tuberculin Skin Test (TST) and Evaluation*, CDC 7336 (Rev. 11/99-Automated), and the *TB Infectious Free Staff Certification*, CDC 7354 (Rev. 5/01). Employees should keep copies of the 7336 and the 7354 in their home files, as it is their responsibility to produce either form to document the testing when transferring positions as necessary. The original 7354 must be submitted to their supervisor. The original CDC 7336 will reside on the computer database.

**4. When an employee works for a Headquarters Unit but is assigned to an institution, does he or she need to travel to Headquarters to receive a TST/evaluation?**

No. Any CDCR employee can receive an annual TST/evaluation at any CDCR location offering the annual TST/evaluation.

The employee must get the CDC 7354 completed at the time of testing and give the original (keeping a copy) to their manager or supervisor.

**5. How is the TST/Evaluation process handled in the Division of Adult Parole Operations/Parole Regions (DAPO), Division of Juvenile Justice (DJJ), and Prison Industries Authority (PIA)?**

DAPO/Parole Regions, DJJ, and PIA employees will likely be provided specific guidance in separate memoranda regarding the TST/Evaluation Program and detailing how their documentation should be processed. Although this process may be specific to these divisions, all testing and evaluations must be documented using the CDC 7336.

**6. Can a private health care provider administer the TST/evaluation?**

Yes. Any CDCR employee may elect to have his or her private health care provider or the local Public Health Department administer the TST/evaluation, at no cost to the CDCR. The test results must be documented on the CDC 7336 (Rev. 10/02) and the form submitted to Emeryville Occupational Medical Center.

**7. Where can a CDC Form 7336 (Rev. 10/02) be obtained?**

The CDC 7336 (Rev. 10/02) is included with this memorandum as Attachment I. A down loadable PDF file is also available on the intranet.

**8. What kind of TST is acceptable? A Tine or Mantoux TST?**

As recommended by the Centers for Disease Control and the California Tuberculosis Controllers Association, the Mantoux TST is the only acceptable screening method for detecting TB infection.

**9. An employee had a TST/evaluation more than 30 days prior to the annual TST/evaluation. Is the employee required to receive another TST/evaluation during the annual TST/evaluation?**

Yes. Employees must be re-tested/re-evaluated if they received a TST/evaluation 30 days or more prior to the annual TST/evaluation. To simplify this requirement, employees who were tested during January 2012 do not need to be tested in February/March 2012, provided they have proper documentation on a CDC 7336, or in a format with the equivalent information. All other employees will need to be tested/evaluated in February/March 2012, and the results documented on the CDC 7336.

**10. What happens when an employee is absent during the TST/evaluation period due to an illness, vacation, or other excused leave?**

If an employee is absent due to an illness, vacation, or other excused leave, the employee must make arrangements with the Return-to-Work (RTW) or TB Coordinator to be tested/evaluated on an alternate date. The employee must submit a CDC 7336 form documenting the TST/evaluation report to the Emeryville Occupational Medical Center per the instructions in #4 above.

**11. If an employee has a prior positive TST, does he or she need a TST every year?**

No, but the employee must be evaluated for symptoms annually. If an employee has an appropriately documented prior positive TST, he or she does not require another TST. However, *Penal Code* section 6007 requires the employee with a prior positive TST to receive an evaluation on an annual basis.

**12. What is required if an employee is identified as having a newly positive TST during annual employee TB testing?**

*An Employer's Report of Occupational Injury or Illness form (SCIF 3067) must be completed for all staff who are determined to have a newly positive TB test (change from negative to positive on the TST) or are diagnosed with infectious TB. The employee can obtain a SCIF 3067 from the Health and Safety Officer, the RTW Coordinator, or his or her supervisor. At that time, the employee must be referred to a medical provider for a medical evaluation. After being evaluated by a SCIF provider or personal health care provider, the employee must provide the RTW Coordinator with follow up information that documents the employee is TB free or is being treated for active TB. The RTW Coordinator provides the CCHCS Public Health Unit with documentation that the employee is TB free or under treatment.*

**13. Who may I contact for questions regarding TB or the annual TST/evaluation process?**

Steve Zimmerman, Assistant Contract Administrator  
Emeryville Occupational Medical Center, (510) 653-5200, extension 0142,  
szimmerman@emeryvilleoccmcd.com

Sue Brissette, Contract Administrator  
Emeryville Occupational Medical Center, (510) 653-5200, extension 0141,  
sbrissette@emeryvilleoccmcd.com

Questions concerning the TST/evaluation of employees with special or unusual medical circumstances should be directed to Steven Gest, MD, (510) 653-5200, extension 0105.