

Applicants, current employees, volunteers and employees from other state agencies who work in the California Department of Corrections and Rehabilitation (CDCR) facilities or with CDCR 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 CDCR, and at least annually thereafter. Evaluation shall be done by a licensed physician and surgeon or his/her licensed designee whose legally authorized scope of practice he 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 CDCR.

**CERTIFIED TO BE FREE OF INFECTIOUS TB**

PATIENT FULL NAME AS IT APPEARS ON STATE PAYCHECK (TYPE OR PRINT CLEARLY)	BIRTHDATE (FOR IDENTIFICATION PURPOSES ONLY)
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I, \_\_\_\_\_, a physician and  
PRINT OR TYPE PHYSICIAN 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 [PREFERRED, AND REQUIRED IF NEITHER **WRITTEN MM OR BLOOD TEST DOCUMENTATION** OF A PRIOR POSITIVE NOR CURRENT TB BLOOD TEST RESULTS], THE MANTOUX INTRADERMAL METHOD WITH A STANDARD DOSE OF PURIFIED PROTEIN DERIVATIVE MUST BE USED.)

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

LICENSE #	ADDRESS
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**TB INFECTION FREE STAFF CERTIFICATION**

CDCR 7354 (Rev. 07/15)

***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 BIRTHDATE (FOR THE IDENTIFICATION PURPOSE ONLY).

**INSTRUCTION: HEALTHCARE PROVIDER**

After completing the required examination (as directed on the back of the CDCR 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 boxes "Evaluator Name and Title, License #"
- Date the form; complete the boxes for the telephone number and address.