



## TB SCREENING GUIDELINES

It is your responsibility to provide proof of being infectious tuberculosis (TB) free prior to reporting to the academy. **IF YOU FAIL TO DO SO, YOUR APPOINTMENT WILL BE RESCINDED.** The TB screening must be performed by a licensed health care provider whose legally authorized scope of practice allows him/her to conduct medical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 in accordance with the recommendations of the Centers for Disease Control. The test must be performed no later than the deadline listed on your Confirmation Notice and no earlier than thirty days prior to your academy check-in date unless an x-ray was performed.

1. Request the Mantoux TB Skin Test (PPD) from your preferred physician, medical facility, or County Health Department. **This is a two-part TB skin test. You will return to your health care provider within 48-72 hours to have the results of the skin test read.** The TB blood test, Quantiferon, and T-Spot tests are an acceptable substitute, but the TB Tine Test is not acceptable. It is advised that you confirm that the provider will be able to complete forms CDCR 7336 and CDCR 7354 before you begin the test.

In Section 1 of form CDCR 7336, complete only the fields for your name, date of birth, signature, and date. Leave other fields in Section 1 blank.

Do not send form CDCR 7354 without your name on it.

2. If your test result is positive, your physician must provide a chest x-ray report which shows that you do not have active TB. The chest x-ray must be interpreted by a licensed physician and describe anatomical structures, parenchymal infiltrates or pleural effusion, if present, lesions, calcified granulomas or any other abnormal process must be identified. If no acute disease is identified, a printed interpretation must state as such. A reading of "negative chest x-ray" is unacceptable. Your name must be present on the report. By mandate of the Office of Employee Health, a skin test must accompany each x-ray examination.
3. If your physician prescribes medication to prevent you from developing active TB, you must disclose this while submitting your required documents. You will be allowed to report to the academy and take your medication while you are there.
4. If your physician determines that you have *active* TB, **you will not be allowed to report to the academy.** You will need to be treated by your physician and will need to notify the Peace Officer Appointment Section at (916) 255-0593 of your status.
5. Send the proof of being infectious TB-free to our office as described in your Confirmation Notice within the deadline given. Retain a copy of all documentation for your own records.
6. If you pay for your TB test, the CDCR will reimburse you for the cost of the test, up to \$15.00 for the test and, if needed, \$55.39 for an x-ray. Please complete the shaded areas of the Travel Expense Claim form. Attach your TB test receipt(s) to a blank sheet of paper (8 1/2" x 11") and include it with the Travel Expense Claim form. Receipts must be original (no photocopies or faxes will be accepted) and each receipt must specify that payment was made for a TB test procedure. Do not fax or email your Travel Expense Claim form or receipt. Claims for candidates who do not report for duty as assigned cannot be paid.
7. Please do not send instructional documents or the back of any document with your TB results.