



NEWPORT-MESA UNIFIED SCHOOL DISTRICT

**CERTIFICATE OF COMPLETION &
REFERRAL AND AUTHORIZATION FOR MEDICAL SERVICES**

Present this form to the medical facility

**ADULT TUBERCULOSIS (TB) RISK ASSESSMENT
CERTIFICATE OF COMPLETION**

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

**By signing this form you are confirming you have given the patient a Risk Assessment
Questionnaire and/or examination**

Name: _____ Date of Risk Assessment: _____

Date of Birth: _____ Position: _____

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.

Health Care Provider Signature

Please Print Health Care Provider Name

Office Address: Street City State Zip Code

Date Phone Fax

*This form is to be **returned to the school site where you will be volunteering** or:*

**NEWPORT-MESA UNIFIED SCHOOL DISTRICT
Classified Personnel
2985 Bear Street, Bldg. A, Costa Mesa, CA 92626**