



**LOS ANGELES UNIFIED SCHOOL DISTRICT  
POLICY BULLETIN**

**Attachment C**

**Los Angeles Unified School District  
TUBERCULOSIS PHYSICIAN/CLINIC FORM**

Dear Volunteer:

You must be free of active tuberculosis (TB) before you start volunteering. A TB skin test (Mantoux) is mandatory, as stated in California Health and Safety Code §121545 TB Test School Volunteers. Multiple puncture tests are not acceptable. If the Mantoux test is positive, a chest X-ray will be required. Chest X-rays without a history of a previous positive Mantoux cannot be accepted.

Please take this form to a private physician, clinic, or public health agency. If you are unable to pay the fee required by a public health agency, you may request to have the fee waived by the agency. If denied a waiver, you are still responsible for any costs incurred.

\_\_\_\_\_  
Principal or District Office Administrator Signature

\_\_\_\_\_  
Date

School or Office \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN/CLINIC:**

Patient's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**THERE IS NO EVIDENCE OF ACTIVE TUBERCULOSIS AS DETERMINED BY:**

- \_\_\_\_\_ TB Risk Assessment Questionnaire administered by a licensed health care provider
- \_\_\_\_\_ MANTOUX Skin Test (5 TU PPD)
- \_\_\_\_\_ CHEST X-RAY (Acceptable only if MANTOUX positive)

Date Given: \_\_\_\_\_

Date Read: \_\_\_\_\_

Date of X-Ray: \_\_\_\_\_

Given by: \_\_\_\_\_

Result (mm): \_\_\_\_\_

X-Ray Impression: \_\_\_\_\_

History of positive MANTOUX: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician/RN

\_\_\_\_\_  
Date

Print Name of Physician/RN: \_\_\_\_\_

Degree: \_\_\_\_\_

State License Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_



**LOS ANGELES UNIFIED SCHOOL DISTRICT  
POLICY BULLETIN**

**Attachment E**

\_\_\_\_\_  
PRINT FIRST AND LAST NAME

\_\_\_\_\_  
SCHOOL or OFFICE NAME

**VOLUNTEER COMMITMENTS**

I agree to abide by the following:

1. I will sign in at the main office upon arrival and sign out when I leave for the day.
2. I will wear my volunteer identification badge at all times while participating in volunteer activities.
3. Except in the case of an emergency, I will give 24 hours notice when I cannot keep a scheduled assignment.
4. I will follow the dress code of the school or office.
5. I will only use the adult bathroom facilities.
6. I will never be alone with individual students unless supervised by a teacher or other school staff.
7. I will not contact students outside of school hours, or exchange contact information, without the permission of the school staff and the student's parents.
8. If I have reason to suspect child abuse, I will report this immediately and confidentially to the principal.
9. I will treat all students, families, and employees with respect regardless of their race, gender, class, religion, sexual orientation, gender identity, disability, or immigration status.
10. I will treat all children and persons equally.
11. I will not share confidential information with anyone inside or outside of the school or office without the permission of the principal or other administrator.
12. I will report children's behavior problems to the teacher or other supervising school personnel.
13. I will respect the authority of all school and office personnel.
14. I will learn the rules regarding drills and emergencies and follow the direction of District office or school staff.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date