

**Pre-K and K-12 Tuberculosis**  
**Screening Requirements (AB 1667) Algorithm**  
**(Effective January 1, 2015)**

New Hire not screened for TB within the past 60 days or  
Current Employee due for four (4) year TB risk assessment

**CDPH/CTCA TB Risk Assessment Questionnaire**  
completed by a health care provider: person licensed, certified or otherwise  
authorized or permitted by state law to deliver or furnish health services.

**No Risk Factors Identified**

No TB test required;  
**Certificate of Completion** signed and issued  
by health care provider; New Hire may start  
employment or Current Employee may continue  
employment; TB Risk Assessment  
Questionnaire completed again in 4 years.

**Risk Factors Identified**

TB test is performed by health care provider;  
if documented history of positive TB test, do  
not perform TB test and refer to User Guide.

**TB Test Negative**

**Certificate of Completion** signed and issued  
by health care provider; New Hire may start  
employment or Current Employee may  
continue employment; TB Risk Assessment  
Questionnaire completed again in 4 years

**TB Test Positive**

**Chest X-Ray**  
**with TB related abnormality**

Seek treatment from personal physician;  
physician reports to Public Health as required  
**Certificate of Completion** signed and issued  
by a physician, physician assistant, or nurse  
practitioner certifying that employee is free  
of infectious TB.

**Chest X-Ray**

**without TB related abnormality**  
**Certificate of Completion** signed and  
issued by a physician, physician assistant,  
or nurse practitioner.

New Hire may start employment or Current  
Employee may continue employment; TB risk  
assessment (and repeat x-rays) no longer required;  
Employee will need to self-report to personal  
physician any signs or symptoms of TB disease, such  
as prolonged cough, coughing up blood, fever, night  
sweats, weight loss, or excessive fatigue.