

LOS ANGELES UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DIVISION – EMPLOYEE HEALTH SERVICES UNIT
Tuberculosis Compliance Program
333 S. Beaudry Ave., 14th Floor, Los Angeles, CA 90017
Phone: (213) 241-6326 Fax: (213) 241-8918 E-mail: employeehealth@lausd.net

Tuberculosis Test Result Form
(For Permanent LAUSD Employees)

You can have the test performed by:

- **Your personal health care provider**
- **Your local county health department (uninsured employees only)**
For L.A. County residents, visit publichealth.lacounty.gov/tb/skintest.htm for a list of clinics and community health centers.
- **Employee Health Services (Beaudry Bldg.) no longer provide Mantoux skin tests or chest x-rays**

IMPORTANT NOTES – READ CAREFULLY:

1. You may submit evidence of a negative Mantoux skin test or chest x-ray performed within the last three years.
2. Chest x-rays are only used if (1) you’ve ever had a positive skin test and (2) a physician (**MD** or **DO** only) signs the result form.
3. We suggest you use the result form below. If you submit a different result form, it **must** include your employee number and all information required below for the specific test.
4. We will not accept incomplete/invalid documentation. Make sure your documentation has the required information.
5. Neither test shall be performed on work/duty time. If necessary, you may use illness time as you would for any medical related appointment.

Emp#:	Name:	
Phone:		
MANTOUX SKIN TEST (5 TU PPD required. Tine skin test unacceptable.)	CHEST X-RAY	
Test Date _____	Positive Skin Test Date (estimate) _____	
Placed By _____	Date X-ray Taken _____	
Date Read _____	Impression (Not Prelim.) _____	
Read By _____	Person is free of communicable TB: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Induration _____ Millimeters (>9mm is positive)	Physician’s Name _____	
MEDICAL OFFICE CONTACT INFO:	Physician’s Degree (<u>must</u> be MD or DO) _____	
Name _____	Physician’s Signature _____	
Address _____	MEDICAL OFFICE CONTACT INFO:	
Phone _____	Name _____	
	Address _____	
	Phone _____	

Submit Your Result Form Via:	
Fax:	(213) 241-8918 Attn. TB Compliance
E-mail:	employeehealth@lausd.net Subject: TB Compliance
School Mail:	Employee Health Services Attn. TB Compliance Beaudry Bldg., 14th Floor
U.S. Mail:	Employee Health Svcs (14th FL) Attn. TB Compliance P.O. Box 3307 Los Angeles, CA 90051
To Confirm Compliance:	
If you want to confirm our office received your result form, send an e-mail to:	
employeehealth@lausd.net	
Subject: TB Confirmation - Emp# xxxxxx	

*** Keep a copy of your result form for your records ***

