

Certificate of Completion Tuberculosis Risk Assessment and/or Examination

To satisfy *job-related requirements* in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

First and Last Name of the person assessed and/or examined:

Stan Bischof

Date of assessment and/or examination: 3 mo./ 30 day/ 21 yr.

Date of Birth: 8 mo./ 25 day/ 53 yr.

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.

x KM Robinson RW

Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):