



BUTTE SCHOOLS SELF-FUNDED PROGRAMS

500 Cohasset Road, Suite 24 | Chico, California 95926
Telephone 530-879-7438 | Fax 530-879-7595 | www.bsspjpa.org
Christy R. Patterson, Executive Director | cpatters@bsspjpa.org

AUTHORIZATION FOR TB ASSESSMENT AND TEST

California Education Code Section 49406 requires assessment of district employees for tuberculosis at least once every four years. In compliance with EC 49406,

_____ (Employer) hereby authorizes
_____ (Employee) to submit to a TB risk assessment at the Butte Schools Health and Wellness Center (500 Cohasset Road, Suite 24, Chico or 1876 Bird Street, Oroville).

Employer agrees to reimburse the Butte Schools Self-Funded Programs \$25 for the cost of this service and \$20 if, based on the assessment results, a tuberculin skin test is performed.

District Signature

Date

Name and Title

Employee: *This form must be presented to the Butte Schools Health and Wellness Center at the time of service.*

An advance appointment must be made by calling 530-879-7582 or 530-532-5918; walk-in appointments are not available.

If referred for a chest x-ray following completion of the assessment, please contact your employer for further instructions.

For HWC use, only

Chico Oroville

Assessment, only, on ___/___/_____

Assessment on ___/___/_____ and PPD reading on ___/___/_____

PPD reading on ___/___/_____

HEALTHY EMPLOYEES SUPPORTED BY QUALITY, WELL-MANAGED PROGRAMS

**Butte COE
Butte-Glen CCD
Bangor UESD
Biggs USD**

**Chico USD
Durham USD
Feather Falls UESD
Golden Feather UESD**



**Gridley USD
Manzanita ESD
Oroville City ESD
Oroville UHSD**

**Palermo UESD
Paradise USD
Pioneer UESD
Thermalito UESD**