

Account Notice

Certifix Live Scan Account



Please present this flyer when getting fingerprinted to ensure that your live scan is processed at no cost to you.

NAME OF ACCOUNT

Lifelong Learning Admin. Corp.

VALID FOR THESE ORI #S

**A6931 | AD270 | AD306 | AD307
AD271 | AD272 | AD308 | AD276
AJ794 | AN300 | AN313 | AN317
AN658 | AN635 | AN637**

CERTIFIX ACCOUNT NUMBER

27502

NOTE TO LOCATION

This notice is valid for all forms presented by the applicant for the noted ORIs above. The Certifix Account Number needs to be entered for each Live Scan transaction.

Where to Get Fingerprinted

Visit a participating Certifix Live Scan location. If you weren't provided with one, either choose one at certifixlivescan.com (be sure it accepts Certifix accounts for payment) or contact Certifix Live Scan (see below) for assistance.

What to Bring

To get fingerprinted, bring physical copies of the following items with you to the location:

- ✓ **Request for Live Scan Service Form**
Complete the Applicant Information section, and bring 2 or 3 copies as needed.
- ✓ **Valid Photo ID**
A current, state-issued driver license or ID card is sufficient. If this is unavailable, contact Certifix Live Scan (see below) to find out what you need.
- ✓ **This Account Notice Flyer**
This alerts the location to process your live scan at no cost to you.

Questions?

If you have any questions, comments, or are asked to pay the location, please contact Certifix Live Scan.

(800) 710-1934

support@certifixlivescan.com



(Patient Must Present Photo ID at Time of Service)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: _____ Date of Birth: _____

Street Address: 177 Holston Dr, Lancaster, CA 93535 Location Number: _____

Temporary Staffing Agency: _____

Work Related

Injury Illness

Date of Injury _____

Substance Abuse Testing* (check all that apply)

Regulated drug screen Breath alcohol

Collection only Hair collect

Non-regulated drug screen Rapid drug screen

Other TB Risk Assessment OR Skin Test
(x-ray authorized only when necessary)

Type of Substance Abuse Testing

Preplacement Reasonable cause

Post-accident Random

Follow-up

Special instructions/comments: _____

Authorized by: Catherine Tate

Please print

Phone: (661) 272-1225

Physical Examination

Preplacement Baseline Annual Exit

DOT Physical Examination

Preplacement Recertification

Special Examination

Asbestos Respirator Audiogram

Human Performance Evaluation*

HAZMAT Medical Surveillance

Other _____

Billing (check if applicable)

Employee to pay charges

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Title: Human Resources Manager

Date

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.com)



School Staff & Volunteers: Tuberculosis Risk Assessment

Job-related requirement for child care, pre-K, K-12, and community colleges



The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading TB. Use of this risk assessment is required in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055 and 121525, 121545, and 121555.

The law requires that a health care provider administer this risk assessment. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. Any person administering this risk assessment is to have training in the purpose and significance of the risk assessment and Certificate of Completion.

Name of Employee/Volunteer Assessed for TB Risk Factors: _____

Assessment Date: _____ Date of Birth: _____

History of Tuberculosis Infection or Disease (Check appropriate box below)	
<input type="checkbox"/> Yes	If there is a <u>documented</u> history of positive TB test (infection) or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.
<input type="checkbox"/> No (Assess for Risk Factors for Tuberculosis using box below)	

Risk Factors for Tuberculosis (Check appropriate boxes below)	
If any of the 5 boxes below are checked, perform a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). Re-testing with TST or IGRA should only be done in persons who previously tested negative, and have <u>new risk factors</u> since the last assessment. A positive TST or IGRA should be followed by a chest x-ray, and if normal, treatment for TB infection considered. (Centers for Disease Control and Prevention [CDC]). <i>Latent Tuberculosis Infection: A Guide for Primary Health Care Providers. 2013</i>	
<input type="checkbox"/> One or more signs and symptoms of TB: prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue.	Evaluate for active TB disease with a TST or IGRA, chest x-ray, symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.
<input type="checkbox"/> Close contact to someone with infectious TB disease at any time	
<input type="checkbox"/> Foreign-born person from a country with an elevated TB rate	Includes any country <u>other than</u> the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. IGRA is preferred over TST for foreign-born persons
<input type="checkbox"/> Consecutive travel or residence of ≥ 1 month in a country with an elevated TB rate	Includes any country <u>other than</u> the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
<input type="checkbox"/> Volunteered, worked or lived in a correctional or homeless facility	





School Staff & Volunteers: Tuberculosis Risk Assessment User Guide



Job-related requirement for child care, pre-K, K-12, and community colleges

Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, **AB 1667**, effective on January 1, 2015, **SB 792** on September 1, 2016, and **SB 1038** on January 1, 2017, require a tuberculosis (TB) risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the TB risk assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

SB 1038 impacts the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

TB infection treatment is recommended

Shorter regimens for treating LTBI have been shown to be as effective as 9 months of isoniazid, and are more likely to be completed. Shorter regimens are preferred in most situations. Drug-drug interactions and contact to drug resistant TB are frequent reasons these regimens cannot be used.

Please consult with your local public health department on any other recommendations and mandates that should also be considered.





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:

Date of assessment and/or examination: _____mo./_____day/_____yr.

Date of Birth: _____mo./_____day/_____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 _____
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):

Telephone and FAX:



Motor Vehicle Record Check Acknowledgement and Authorization Form

I understand that the position for which I am under consideration, or the position which I already hold, may require frequent driving on company business. Consequently, my employment (or continued employment) may be contingent upon the evaluation of my Motor Vehicle record.

Candidate/Employee Information			
Candidate /Employee Name:			
Charter Name:		Phone Number:	
Manager Name:		Position:	

At no time have I been issued a Driver’s License by any State Department of Motor Vehicles or Affiliates.

By signing below, I confirm and acknowledge that I have not been issued a Driver’s License by any State Department of Motor Vehicles or Affiliates and therefore do not meet eligibility requirements to drive on company business. I will notify my Employer if my driver’s license status changes.

Candidate/Employee Signature: _____ Date: _____

I have a current valid Driver’s License.

Please complete the following:

License Details			
Driver’s License #:		Date of Birth:	
Issuing State:		Expiration Date:	

Authorizing Motor Vehicle Record Check

By signing below, I am voluntarily authorizing, without reservation or time limit, Learn4Life, or any of its affiliated entities or their agents, to conduct a MVR check. I further authorize the state DMV or its affiliated entities or their agents to disclose, without reservation or time limit, my personal information with regard to the motor vehicle record check. This consent will apply throughout my employment, unless I revoke or cancel my consent in writing.

Candidate/Employee Signature: _____ Date: _____