

Tuberculosis Screening for Volunteers

WORKSHEET FOR SCHOOL SITE

Date: _____ District/Charter: _____ School: _____ DOE Staff: _____

- Directions:**
1. Ask for list of volunteers in the school for 2009-10.
 2. Ask to meet with the school nurse or the person who maintains the volunteer file.
 3. Complete the information below for two (2) randomly selected school volunteers.

Location

Are the volunteer Tuberculosis documents stored in the school nurse office?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
Are the documents stored in a confidential manner?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>

Documents

Volunteer 1

Is a <i>Confidential Health Questionnaire for Volunteers</i> on file?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If YES,				
Is it dated after 8/15/2004?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
Is follow-up indicated?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If follow-up is indicated, is there additional documentation? Describe any alternate documentation.	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If NO Questionnaire is on file, is there any alternate documentation? Describe any alternate documentation:	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>

Volunteer 2 (see second page)

Volunteer 2

Is a <i>Confidential Health Questionnaire for Volunteers</i> on file?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If YES,				
Is it dated after 8/15/2004?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
Is follow-up indicated?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If follow-up is indicated, is there additional documentation? Describe any alternate documentation.	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If NO Questionnaire is on file, is there any alternate documentation? Describe any alternate documentation:	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>