



## TUBERCULOSIS CLEARANCE

The undersigned does hereby certify to the governing board of the DISTRICT as follows:

I am a representative of the VENDOR currently entering into this Agreement with the DISTRICT and I am familiar with the facts herein certified, and am authorized and qualified to execute this certificate on behalf of the VENDOR. VENDOR'S responsibility for tuberculosis clearance extends to all of its employees, subcontractors, and employees of subcontractors coming into contact with DISTRICT pupils regardless of whether they are designated as employees or acting as independent contractors of the VENDOR.

VENDOR certifies that at least one of the following items applies to the Scope of Work that is the subject of this Agreement:

- The VENDOR ensures that any person providing any portion of the services has completed the Tuberculosis Risk Assessment Questionnaire (in accordance with California Education Code Section 49406 and Health and Safety Code Sections 121525-121555) and found that VENDOR 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, by a physician or surgeon, within 60 days of Board approval of the Agreement, or if previous contractor to the DISTRICT, within the last four (4) years. If there is however a positive result, chest x-ray verification is required.

Upon the DISTRICT'S request, a complete and accurate list of VENDOR'S employees and of all of its subcontractors' employees, who may come in contact with DISTRICT pupils during the course and scope of the Agreement, will be required to be furnished – indicating the date of each person's completion of the questionnaire and if necessary physical examination.

- VENDOR'S Scope of Work under this Agreement is to be provided at an unoccupied school site only or will not be done on any DISTRICT property where any employee and / or subcontractor or supplier of any tier of Agreement shall come in contact with DISTRICT pupils.

DATE: \_\_\_\_\_

Name of VENDOR or Company: \_\_\_\_\_

Representative's Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_