

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

Volunteer Aide Registration Form

PLEASE PRINT  
SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

Last

First

Initial

ADDRESS \_\_\_\_\_

Street

City

Phone Number

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? \_\_\_ IF YES, PLEASE EXPLAIN IN FULL

PERSON TO NOTIFY IN CASE OF ILLNESS OR INJURY:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

City

Phone Number

PLEASE NOTE: THE CALIFORNIA HEALTH AND SAFETY CODE, SECTION 3454, AND THE BOARD OF EDUCATION REQUIRE VOLUNTEERS TO DOCUMENT TUBERCULOSIS CLEARANCE WITHIN 60 DAYS BEFORE STARTING AND EVERY 4 YEARS THEREAFTER. THE INITIAL EXAMINATION MUST CONSIST OF A MANTOUX SKIN TEST (NOT A CHEST X-RAY UNLESS THE VOLUNTEER CAN DOCUMENT IN WRITING A HISTORY OF PREVIOUS POSITIVE SKIN TEST. IF SO, A CHEST X-RAY IS REQUIRED PRIOR TO VOLUNTEERING. AFTER A NEGATIVE X-RAY IS ON FILE, THE SCREENING REQUIREMENT WILL BE SATISFIED BY A CERTIFICATE FROM A HEALTH PROVIDER STATING THE VOLUNTEER IS FREE FROM ACTIVE TB.)

THIS SECTION *MUST BE READ AND SIGNED* BY THE VOLUNTEER PRIOR TO THE ADMINISTRATION OF THE TUBERCULOSIS SKIN TEST BY THE SCHOOL NURSE (OR THE DISTRICT HEALTH OFFICE 450-8338, EXT 218).

THIS IS TO CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, I HAVE NOT/AM NOT:

- 1. HAD ACTIVE TUBERCULOSIS IN THE PAST, BEEN ON INH, PAS OR ANY OTHER ANTITUBERCULAR THERAPY.
- 2. PREGNANT
- 3. HAD A POSITIVE TUBERCULOSIS SKIN TEST IN THE PAST.
- 4. BEEN TAKING CORTISONE MEDICATION, HAD A MEASLES IMMUNIZATION OR BEEN ON CHEMOTHERAPY IN THE PAST MONTH.

I GIVE THE SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT HEALTH SERVICES PERMISSION TO GIVE ME A MANTOUX SKIN TEST.

I hereby swear and affirm that all answers and statements herein contained are true, and I agree and understand that any misstatements of material facts contained in this application will cause forfeiture upon my part of all rights to any employment, either present or future, in the services of the Santa Monica-Malibu Unified School District.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

START DATE \_\_\_\_\_ SIGNATURE OF PRINCIPAL \_\_\_\_\_

FOR OFFICE USE ONLY

Mantoux test: Date Given \_\_\_\_\_ Vaccine Lot# \_\_\_\_\_ Exp Date \_\_\_\_\_ Given by \_\_\_\_\_

Date read \_\_\_\_\_ Result \_\_\_\_\_ Read by \_\_\_\_\_

X-ray: Date \_\_\_\_\_ Result \_\_\_\_\_

CERTIFICATE OF FREEDOM FROM COMMUNICABLE DISEASE: Date \_\_\_\_\_

Signature School Nurse \_\_\_\_\_ School Year \_\_\_\_\_