

# UNIVERSITY OF CALIFORNIA, SAN DIEGO TUBERCULOSIS SCREENING ADMISSION REQUIREMENT

**DO NOT UPLOAD THIS PAGE INTO YOUR ELECTRONIC HEALTH RECORD**

Dear Student,

The health of the individual can affect the health of the campus community. UCSD is committed to protecting the health and well-being of all our students. In order to protect the campus from communicable diseases, screenings are part of the admission process for **ALL NEW AND RE-ADMITTED STUDENTS** prior to arrival to UCSD.

Your answers to the Tuberculosis (TB) Risk Assessment questionnaire indicate you are at higher risk for tuberculosis and are **REQUIRED TO HAVE TB TESTING**.

**Please read and follow the instructions below:**

1. **Print** this TB Health Assessment form and **visit your health care provider** to complete the form and perform all required testing. **ENSURE IT IS SIGNED BY YOUR HEALTH CARE PROVIDER.**
2. **Tuberculosis testing** must be performed **within 1 year** of entering the University.
3. Forms are uploaded to the UCSD Student Health Services via our Electronic Medical Record (preferred method) or by fax (see below).
4. **PLEASE select ONE method of submitting your form** as MULTIPLE SUBMISSIONS MAY DELAY YOUR CLEARANCE; e.g., upload OR fax (not both!). Preferred form is a single PDF document, but image files are also acceptable.
5. **CLEARLY NAME YOUR DOCUMENT AS “TB REQUIREMENTS”.**

**Upload**

**<https://shs.ucsd.edu>**

Student Health Services  
Electronic Medical Record  
**Student Portal**

**Fax**

**1-858-246-2414**

**Questions:**

1. If you have a clinical question, ask them through your Electronic Medical Record “Ask a Nurse – TB Question” at **<https://shs.ucsd.edu>**. **Please note if your UCSD email is not established we will not be able to respond to your message.**
2. If you are having problems uploading or faxing your form, email **[shstb@ucsd.edu](mailto:shstb@ucsd.edu)**. Include your student ID number but **do not include any personal medical information as this is not a secure method of communication.**

**CONFIRMATION OF RECEIPT OF YOUR DOCUMENT(S) IS NOT POSSIBLE.**

- Clearance can take 5-10 days after receipt of your form.
- Please do not secure message us requesting an update any earlier.
- Check the following UCSD web information to verify TB compliance status: **<https://shs.ucsd.edu>** and click on Immunizations  
**Undergradates** –check your TB status on **Applicant Portal or Triton Checklist.**  
**Graduates** – check your TB status on the **Graduate Division** website.

**\*\*If the status has not changed, please check your UCSD email for a secure message from Student Health as there may be a problem with your form or testing.**

# TUBERCULOSIS (TB) HEALTH ASSESSMENT FORM UNIVERSITY OF CALIFORNIA, SAN DIEGO

Student ID:	Date of Birth: (MM/DD/YYYY)	Name: First <span style="float: right;">Last</span>
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**THIS STUDENT IS REQUIRED TO COMPLETE TUBERCULOSIS TESTING PRIOR TO ENROLLING IN CLASSES.** The form must be **completed and signed by a LICENSED HEALTH CARE PROVIDER** and must be received by UCSD Student Health via Health Record upload or fax, noted at the bottom of the page, **NO LATER than July 15<sup>th</sup>.**

**TESTING MUST BE performed with 1 year of entering the University**

**1. SYMPTOMS:**  
**Does your patient have any of the following symptoms? (check any that apply)**  
 Cough for greater than 4weeks  
  Coughing up blood  
  Unexplained Chest pain  
  Persistent fever/chills/night sweats  
 Persistent, unexplained fatigue  
  Unexplained weight loss  
  **No current symptoms**

<b>2. TUBERCULIN SKIN TEST (TST)</b>	<b>OR</b>	<b>3. TB BLOOD TEST (recommended if history of BCG/TB Vaccine)</b>
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<p><b>≥ 5 mm is positive if:</b></p> <ul style="list-style-type: none"> <li>Recent close contact with a someone with active infectious TB disease</li> <li>Immunosuppressed (splenectomy, HIV, chemotherapy, transplant patient)</li> <li>History of an abnormal chest x-ray suggestive of TB</li> </ul> <p><b>otherwise ≥ 10mm is positive</b></p> <p><b>Date placed: _____ Date read: _____</b>                  (must be read between 48-72hrs after it was placed)</p> <p><b>Result: _____ mm induration. (If no induration, write ∅)</b>                  Interpretation: <input type="checkbox"/> <b>Negative</b>   <input type="checkbox"/> <b>Positive</b>                  (IF POSITIVE, PROCEED TO CHEST X-RAY)</p> <p><b>**ALL FIELDS MUST BE COMPLETED TO AVOID DELAYS</b></p>	<p>QUANTIFERON - Interferon Gamma Release Assay – IGRA</p> <p>If not available, may do a Tuberculin Skin Test (TST) or Chest x-ray.</p> <p><b>Date QTF Test: _____</b></p> <p>Result: <input type="checkbox"/> <b>Negative</b>   <input type="checkbox"/> <b>Positive</b>                  (If positive, proceed to <b>CHEST X-RAY</b>)</p> <p><input type="checkbox"/> <b>Indeterminate</b>                  (If Indeterminate, repeat test or proceed to chest x-ray)                  (IF POSITIVE, PROCEED TO CHEST X-RAY)</p>
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**4. CHEST X-RAY REQUIRED if TST or Quantiferon/IGRA + or symptoms are positive or previous treatment for TB**

**YOU MUST ATTACH WRITTEN RADIOLOGY CHEST X-RAY REPORT IN ENGLISH (DO NOT SEND FILMS/CD of actual x-ray)**  
**Any abnormal result, including scars and old granulomatous changes – MUST PERFORM SPUTUM TESTING**

**Date of chest x-ray: \_\_\_\_\_ Result:  Normal    Abnormal**  
**(Results submitted without chest x-ray report will NOT be accepted.)**

**5. TB SPUTUM**

**Results (AFB smear and cultures x3 are REQUIRED if the chest x-ray is read as ABNORMAL)**

1. Date: \_\_\_\_\_ AFB: \_\_\_\_\_ Culture: \_\_\_\_\_
2. Date: \_\_\_\_\_ AFB: \_\_\_\_\_ Culture: \_\_\_\_\_
3. Date: \_\_\_\_\_ AFB: \_\_\_\_\_ Culture: \_\_\_\_\_

**6.**

MD/PA/NP/RN	Signature	(MM/DD/YYYY)
Licensed Health Care Provider Name	Signature	Date

<b>7. Upload (preferred method) PDF or image</b>	<b>Fax</b>
<a href="https://shs.ucsd.edu">https://shs.ucsd.edu</a>	<b>1-858-246-2414</b>
Student Electronic Health Record/Student Health Portal	(please submit by upload OR fax, not both)