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 school.

Your answers to the Tuberculosis (TB) screening questions indicate you are at higher risk for tuberculosis and are required to have testing for TB.

Please read and follow the instructions below:

- **Read** this entire instruction page.
- **Print** the assessment form.
- **Visit your health care provider** to complete the form and perform all required testing.
- **Tuberculosis Testing** must have been performed within 1 year of entering the University.
- Forms are submitted to The University of California, San Diego, Student Health Services via fax, mail, or email.

**Mail**
University of California, San Diego  
Student Health Services  
9500 Gilman Drive #0039  
La Jolla, CA 92093-0039

**Fax**
1-858-534-7545

**Email**
shstb@ucsd.edu
*Email is not a secure method of sharing medical information. If you are unable to send the form by mail or fax, email submissions will be accepted. If you email your form, you acknowledge that there are risks of sending medical information via the internet. Emails sent to this email will not receive a response.

- **Confirmation** of receipt of your document(s) is not possible.
  - Clearance can take 5-7 days after receipt
  - Check the following UCSD web information to verify TB compliance status:
    - **Undergrads** – check your TB status on MyApplication
    - **Graduates** – check your TB status on GradApply
    - If the status has not changed, check your **UCSD email** for a secure message from Student Health as there may be a problem with your form.

For questions or concerns not answered by the above information, contact us via the Student Health website at [https://studenthealth.ucsd.edu](https://studenthealth.ucsd.edu). On line services section - “Ask a Nurse” – TB Question.
Tuberculosis (TB) Health Assessment Form
University of California, San Diego

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 correspondence noted at the bottom of the page, NO LATER than October 27, 2015.

<table>
<thead>
<tr>
<th>History Questions (ALL QUESTIONS MUST BE ANSWERED)</th>
<th>Yes</th>
<th>No</th>
<th>If Yes, Perform Testing Section Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the student ever receive BCG vaccine?</td>
<td></td>
<td></td>
<td>Perform testing section #2</td>
</tr>
<tr>
<td>Has the student ever had a Positive TB skin test?</td>
<td></td>
<td></td>
<td>Perform testing section #2 OR #3</td>
</tr>
<tr>
<td>Does the student have any of the following risk factors:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A) Recent close contact with someone with active infectious TB disease.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B) Immunosuppressed (disease or meds); organ transplant, HIV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C) <strong>EVER</strong> resided or traveled to a high risk area including: Eastern Europe, Central America, Middle East; <strong>ANYWHERE</strong> on the Continents of Africa, Asia or South America</td>
<td></td>
<td></td>
<td>Perform testing section #1 OR #2 if there is a history of having received BCG vaccine</td>
</tr>
<tr>
<td>D) Lived or worked in a high-risk setting (prison, long-term care facility, or homeless shelter)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E) Other high risk conditions (IV drug use, chronic renal disease, diabetes, malabsorption syndrome)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F) History of abnormal chest x-ray suggestive of TB disease</td>
<td></td>
<td></td>
<td>Perform testing section #3 (and #4 if chest x-ray is abnormal)</td>
</tr>
<tr>
<td>Does the student have signs/symptoms of active TB disease? (Cough greater than 3 weeks, chest pain, unexplained weight loss or fevers, night sweats?)</td>
<td></td>
<td></td>
<td>Perform testing section #1 or #2 (and #3 and #4 if indicated)</td>
</tr>
<tr>
<td>Has the student ever been treated for latent tuberculosis infection (LTBI)? Medication________________Start date_______Completion date_______</td>
<td></td>
<td></td>
<td>Perform testing section #3</td>
</tr>
</tbody>
</table>

**TESTING** – Testing must be done January 1, 2015 to present

1. **Tuberculin skin test (TST)** (≥25 mm is positive if yes to A, B or F above; otherwise ≥10mm is positive)
   - Date placed:_________ Date read_________ Result:_______ mm induration. (If no induration, write Ø)
   - Interpretation: Negative □  Positive □ *(If Positive, Proceed to #3 – Chest x-ray)*

2. **TB Blood Test** (Interferon Gamma Release Assay – IGRA) – recommended if history of BCG vaccine; If not available, may do a TST or chest x-ray. Date Obtained ____________
   - Result: Negative □  Positive □ *(If Positive, Proceed to #3- Chest xray)*
   - Indeterminate □ *(If Indeterminate, repeat test or proceed to #3)*

3. **Chest X-ray (REQUIRED if TST or IGRA is positive)** – Must attach written radiology report *(do not send film/cd)*
   - Date of chest x-ray__________ Result: Normal □  Abnormal □ *(any abnormal, including scars and old granulomatous changes – must perform Sputums - proceed to #4)*

4. **Sputum Results** (AFB smear and cultures x 3 are **required** if the chest x-ray is read as abnormal)
   - #1 Date_______ AFB_______ Culture__________ #2 Date_______ AFB_______ Culture__________
   - #3 Date_______ AFB_______ Culture__________

**Licensed Health Care Provider Name** ___________________________ **Signature** ___________________________ **Date** ____________

**Mail, Fax or Email form to:**

- **University of California San Diego**
- **Student Health Services**
- **9500 Gilman Drive #0039**
- **La Jolla, CA. 92093-0039**

For questions contact us:

- **https://studenthealth.ucsd.edu**
- **“Ask a Nurse – TB Question”**

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