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 TESTING FOR TB**.

Please read and follow the instructions below:

1. **Read** this entire instruction page.

2. **Print** the 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.**

3. **Tuberculosis Testing** must have been performed **within 1 year** of entering the University.

4. Forms are uploaded to The University of California, San Diego, Student Health Services via our Electronic Medical Record (preferred method) or Fax (see below).

5. **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 PDF as a single document, but image files are acceptable too.

6. **CLEARLY NAME YOUR DOCUMENT AS TB REQUIREMENTS 2017**

   **Upload**: https://shs.ucsd.edu  
   **Fax**: 1-858-246-2414  
   Student Health Services  
   Electronic Medical Record  
   Student Portal

**Questions:**

1. IF you have medical questions please ask them through your Electronic Medical Record “Ask a Nurse – TB Question” 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 please email 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.
- Check the following UCSD web information to verify TB compliance status:
  - https://shs.ucsd.edu and click on Immunizations  
  - **Undergraduates** – check your TB status on MyApplication or Triton Link  
  - **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.

**DO NOT UPLOAD THIS PAGE INTO YOUR ELECTRONIC HEALTH RECORD**
# TUBERCULOSIS (TB) HEALTH ASSESSMENT FORM UNIVERSITY OF CALIFORNIA, SAN DIEGO

**Student ID:**

**Date of Birth:** (MM/DD/YYYY)

**Name:** First  Last

**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, 2017.

**TESTING MUST BE DONE BETWEEN SEPTEMBER 2016 TO PRESENT DATE**

## TUBERCULIN SKIN TEST (TST)

| ≥5 mm is positive if: | ○ Recent close contact with a someone with active infectious TB disease  
○ Immunosuppressed (splenectomy, HIV, chemotherapy, transplant patient)  
○ History of an abnormal chest x-ray suggestive of TB |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date placed:_________</td>
<td>Date read:____________ (must be read between 48-72hrs after it was placed)</td>
</tr>
<tr>
<td>Result:________ mm induration.</td>
<td>(If no induration, write Ø)</td>
</tr>
<tr>
<td>Interpretation: □ Negative  □ Positive</td>
<td>(IF POSITIVE, PROCEED TO SYMPTOMS &amp; CHEST X-RAY)</td>
</tr>
</tbody>
</table>

## TB BLOOD TEST (Recommended if history of BCG/TB Vaccine)

<table>
<thead>
<tr>
<th>QUANTIFERON - Interferon Gamma Release Assay – IGRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>If not available, may do a Tuberculin Skin Test (TST) or Chest X-ray.</td>
</tr>
</tbody>
</table>

**Date QTF Test:________________________**

**Result: □ Negative  □ Positive**

(If Positive, Proceed to - CHEST XRAY)

□ Indeterminate

(If Indeterminate, repeat test or proceed to Chest X-ray)

(IF POSITIVE, PROCEED TO SYMPTOMS & CHEST X-RAY)

## SYMPTOMS:

**Does your patient have any of the following symptoms?:** (please check any that apply)

- □ Cough for greater than 4wks  
- □ Coughing up blood  
- □ Unexplained Chest pain  
- □ Persistent fever/chills/night sweats  
- □ Persistent, unexplained fatigue  
- □ Unexplained weight loss

## CHEST X-RAY (REQUIRED if TST or Quantiferon/IGRA +/- or Symptoms are positive OR previous treatment for TB)

**Date of Chest x-ray:________________________**

**Result: □ Normal  □ Abnormal**

**MUST ATTACH WRITTEN RADIOLOGY CHEST XRAY REPORT (DO NOT SEND FILMS/CD of actual X-ray) IN ENGLISH PLEASE**

Any abnormal result, including scars and old granulomatous changes – MUST PERFORM SPUTUM TESTING

## TB 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:_________

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

**Upload (Preferred Method)**  
[https://shs.ucsd.edu](https://shs.ucsd.edu)

**Fax**  
1-858-246-2414

Student Electronic Health Record/Student Health Portal  
(please submit by upload OR fax, not both)

PG:tbassessment (2017 version)