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.

Read and follow the instructions below:

1. **Print** the 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. **Upload** your TB Health Assessment form to: MyStudentChart.ucsd.edu/shs/

**Questions:**

1. IF you have a **clinical question**, use the “Ask a Nurse” function in your electronic medical record: MyStudentChart.ucsd.edu/shs/

2. IF you are having **technical problems**, email **shstb@ucsd.edu** and include your student ID number. **Do not include any personal medical information** as this is not a secure method of communication.

3. Refer to the Student Health website for additional information on the health requirements: [https://wellness.ucsd.edu/studenthealth/health-requirements/Pages/default.aspx](https://wellness.ucsd.edu/studenthealth/health-requirements/Pages/default.aspx)

**CONFIRMATION OF RECEIPT OF YOUR DOCUMENT(S) IS NOT POSSIBLE. DO NOT SEND MESSAGES ASKING ABOUT YOUR STATUS - CHECK YOUR STATUS HERE:**

- Undergraduates – check your Immunization status on your Applicant Portal or Triton Checklist
- Graduates – check your TB status on the Graduate Division website [http://grad.ucsd.edu/admissions/admitted/index.html](http://grad.ucsd.edu/admissions/admitted/index.html)

If your status has not changed, check your UCSD email for a secure message from Student Health, as there may be a problem with your compliance or form.
# TUBERCULOSIS HEALTH ASSESSMENT

**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, noted at the bottom of the page, NO LATER than July 15, 2020.

**TESTING MUST BE performed within one year of entering the University**

## 1. SYMPTOMS

Does your patient have any of the following symptoms? (check any that apply)
- □ Cough for greater than 4 weeks
- □ Coughing up blood
- □ Unexplained chest pain
- □ Persistent fever/chills/night sweats
- □ Persistent, unexplained fatigue
- □ Unexplained weight loss

## 2. TUBERCULIN SKIN TEST (TST) - OR - 3. TB BLOOD TEST (recommended if history of BCG/TB Vaccine)

<table>
<thead>
<tr>
<th>≥ 5 mm is positive if:</th>
<th>□ Negative</th>
<th>□ Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recent close contact with someone with active infectious TB disease</td>
<td></td>
<td></td>
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<tr>
<td>• Immunosuppressed (splenectomy, HIV, chemotherapy, transplant patient)</td>
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<tr>
<td>• History of an abnormal chest x-ray suggestive of TB otherwise ≥ 10mm is positive</td>
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</tbody>
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**ALL FIELDS MUST BE COMPLETED TO AVOID DELAYS**

<table>
<thead>
<tr>
<th>Date placed: _</th>
<th>Date read: _</th>
<th>(must be read between 48-72 hours after it was placed)</th>
</tr>
</thead>
</table>

Result: ___ mm induration. (If no induration, write Ø)
Interpretation: □ Negative □ Positive
(IF POSITIVE, PROCEED TO CHEST X-RAY)

## 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. Licensed Health Care Provider Name ___________________________ Signature ___________________________ Date ____________

## 7. Upload PDF or image to: MyStudentChart.ucsd.edu/shs/