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 TB Health Assessment form from the SHS website: shs.ucsd.edu. **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 UCSD Student Health Services via our Electronic Medical Record (preferred method) or by 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 single PDF document, but image files are also acceptable.

6. **CLEARLY NAME YOUR DOCUMENT AS “TB REQUIREMENTS 2018”**.

   **Upload**  
   [https://shs.ucsd.edu](https://shs.ucsd.edu)  
   Student Health Services  
   Electronic Medical Record  
   Student Portal

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

**Questions:**

1. If you have medical questions, ask them through your Electronic Medical Record “Ask a Nurse – TB Question” at [https://shs.ucsd.edu](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. Include your student ID number but **do not include any personal medical information as this is not a secure method of communication**.

**CONFORMATION 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](https://shs.ucsd.edu) and click on Immunizations  
  - **Undergraduates** – 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.

DO NOT UPLOAD THIS PAGE INTO YOUR ELECTRONIC HEALTH RECORD
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)
≥ 5 mm is positive if:
• Recent close contact with a someone with active infectious Tuberculosis (TB) disease
• Immunosuppressed (splenectomy, HIV, chemotherapy, transplant patient)
• History of an abnormal chest x-ray suggestive of TB
otherwise ≥ 10 mm is positive

Date placed: __________  Date read: __________
(must be read between 48-72hrs after it was placed)

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

3. TB BLOOD TEST (recommended if history of BCG/TB Vaccine)
QUANTIFERON - Interferon Gamma Release Assay – IGRA

If not available, may do a Tuberculin Skin Test (TST) or Chest x-ray.

Date QTF Test: ______________

Result: □ Negative  □ Positive
(if positive, proceed to CHEST X-RAY)

□ Indeterminate
(if indeterminate, repeat test or proceed to chest x-ray)

(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

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

Date of chest x-ray: __________  Result: □ Normal  □ Abnormal

MUST ATTACH WRITTEN RADIOLOGY CHEST X-RAY REPORT IN ENGLISH (DO NOT SEND FILMS/CD of actual x-ray)
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: _____________________________
License/MD/PA/NP/RN: _____________________________
Signature: _____________________________
(MM/DD/YYYY) Date: _____________________________

7. Upload (preferred method) PDF or image

Fax
https://shs.ucsd.edu  1-858-246-2414

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