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](https://shs.ucsd.edu)  
**Fax** 1-858-246-2414

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

**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](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](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 or testing.**
**TUBERCULOSIS (TB) HEALTH ASSESSMENT FORM UNIVERSITY OF CALIFORNIA, SAN DIEGO**

<table>
<thead>
<tr>
<th>Student ID:</th>
<th>Date of Birth: (MM/DD/YYYY)</th>
<th>Name: First</th>
<th>Last</th>
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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 15th. 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 4 weeks
- □ Coughing up blood
- □ Unexplained chest pain
- □ Persistent fever/chills/night sweats
- □ Persistent, unexplained fatigue
- □ Unexplained weight loss
- □ No current symptoms

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

≥ 5 mm is positive if:
- Recent close contact with someone with active infectious 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 48-72 hrs after it was placed)

**Result:** ___ mm induration. (If no induration, write Ø)

Interpretation: □ Negative □ Positive

(IF POSITIVE, PROCEED TO CHEST X-RAY)

**ALL FIELDS MUST BE COMPLETED TO AVOID DELAYS**

**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

**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.

<table>
<thead>
<tr>
<th>Licensed Health Care Provider Name</th>
<th>Signature</th>
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### 7. Upload (preferred method) PDF or image

[https://shs.ucsd.edu](https://shs.ucsd.edu)

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

Hed: pg Tuberculosis Screening Admission Requirement 03212019