

# UNIVERSITY OF CALIFORNIA, SAN DIEGO TUBERCULOSIS SCREENING ADMISSION REQUIREMENT

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>

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

**Fax**

**1-858-246-2414**

**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](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.
- 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.

## TUBERCULOSIS (TB) HEALTH ASSESSMENT FORM UNIVERSITY OF CALIFORNIA, SAN DIEGO

|             |                             |   |
|-------------|-----------------------------|---|
| Student ID: | Date of Birth: (MM/DD/YYYY) | Name: First <span style="float: right;">Last</span> |
|-------------|-----------------------------|---|

**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)  | TB BLOOD TEST (Recommended if history of BCG/TB Vaccine)   |
|---|--|
| <p><b>≥5 mm is positive if:</b></p> <ul style="list-style-type: none"> <li>Recent close contact with a someone with active infectious TB disease</li> <li>Immunosuppressed (splenectomy, HIV, chemotherapy, transplant patient)</li> <li>History of an abnormal chest x-ray suggestive of TB</li> </ul> <p><b>otherwise ≥10mm is positive</b></p> <p><b>Date placed:</b> _____ <b>Date read:</b> _____<br/>(must be read between 48-72hrs after it was placed)</p> <p><b>Result:</b> _____ mm induration.<br/>(If no induration, write ∅)</p> <p>Interpretation: <input type="checkbox"/> <b>Negative</b>    <input type="checkbox"/> <b>Positive</b><br/><b>(IF POSITIVE, PROCEED TO SYMPTOMS &amp; CHEST X-RAY)</b></p> | <p>QUANTIFERON - Interferon Gamma Release Assay – IGRA</p> <p>If not available, may do a Tuberculin Skin Test (TST) or Chest X-ray.</p> <p><b>Date QTF Test:</b> _____</p> <p>Result: <input type="checkbox"/> <b>Negative</b>    <input type="checkbox"/> <b>Positive</b><br/>(If Positive, Proceed to - <b>CHEST XRAY</b>)</p> <p><input type="checkbox"/> <b>Indeterminate</b><br/>(If Indeterminate, repeat test or proceed to Chest X-ray)</p> <p><b>(IF POSITIVE, PROCEED TO SYMPTOMS &amp; CHEST X-RAY)</b></p> |
| <b>SYMPTOMS:</b>  |  |
| <p><b>Does your patient have any of the following symptoms?: (please check any that apply)</b></p> <p><input type="checkbox"/> Cough for greater than 4wks    <input type="checkbox"/> Coughing up blood    <input type="checkbox"/> Unexplained Chest pain    <input type="checkbox"/> Persistent fever/chills/night sweats</p> <p><input type="checkbox"/> Persistent, unexplained fatigue    <input type="checkbox"/> Unexplained weight loss</p>  |  |
| <b>CHEST X-RAY (REQUIRED if TST or Quantiferon/IGRA +/-or Symptoms are positive OR previous treatment for TB)</b>   |  |
| <p><b>Date of Chest x-ray:</b> _____ <b>Result:</b> <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p> <p><b>MUST ATTACH <u>WRITTEN</u> RADIOLOGY CHEST XRAY REPORT (DO NOT SEND FILMS/CD of actual X-ray) <u>IN ENGLISH PLEASE</u></b></p> <p><b>Any abnormal result, including scars and old granulomatous changes – MUST PERFORM SPUTUM TESTING</b></p>  |  |
| <b>TB SPUTUM</b>  |  |
| <p><b>Results (AFB smear and cultures x 3 are <b>REQUIRED</b> if the Chest x-ray is read as abnormal)</b></p> <p>1. Date: _____ AFB: _____ Culture: _____</p> <p>2. Date: _____ AFB: _____ Culture: _____</p> <p>3. Date: _____ AFB: _____ Culture: _____</p>   |  |

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

|   |  |
|---|--|
| <b>Upload (Preferred Method)</b>                        | <b>Fax</b>                                 |
| <a href="https://shs.ucsd.edu">https://shs.ucsd.edu</a> | <b>1-858-246-2414</b>                      |
| Student Electronic Health Record/Student Health Portal  | (please submit by upload OR fax, not both) |