

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 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>

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>. **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.**

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 **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.

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

Student ID:	Date of Birth: (MM/DD/YYYY)	Name: First Last
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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 DONE BETWEEN SEPTEMBER TO PRESENT DATE

1. SYMPTOMS: Does your patient have any of the following symptoms? (check any that apply) <input type="checkbox"/> Cough for greater than 4weeks <input type="checkbox"/> Coughing up blood <input type="checkbox"/> Unexplained Chest pain <input type="checkbox"/> Persistent fever/chills/night sweats <input type="checkbox"/> Persistent, unexplained fatigue <input type="checkbox"/> Unexplained weight loss
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2. TUBERCULIN SKIN TEST (TST)	OR	3. TB BLOOD TEST (recommended if history of BCG/TB Vaccine)
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<p>≥ 5 mm is positive if:</p> <ul style="list-style-type: none"> 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 <p>otherwise ≥ 10mm is positive</p> <p>Date placed: _____ Date read: _____ (must be read between 48-72hrs after it was placed)</p> <p>Result: ____ mm induration. (If no induration, write ∅) Interpretation: <input type="checkbox"/> Negative <input type="checkbox"/> Positive (IF POSITIVE, PROCEED TO CHEST X-RAY)</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>Date QTF Test: _____</p> <p>Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive (If positive, proceed to CHEST X-RAY)</p> <p><input type="checkbox"/> Indeterminate (If Indeterminate, repeat test or proceed to chest x-ray) (IF POSITIVE, PROCEED TO CHEST X-RAY)</p>
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<p>4. CHEST X-RAY REQUIRED if TST or Quantiferon/IGRA + or symptoms are positive or previous treatment for TB</p> <p>Any abnormal result, including scars and old granulomatous changes – MUST PERFORM SPUTUM TESTING</p> <p>Date of chest x-ray: _____ Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p> <p>MUST ATTACH WRITTEN RADIOLOGY CHEST X-RAY REPORT IN ENGLISH (DO NOT SEND FILMS/CD of actual x-ray)</p> <p>Results submitted without chest x-ray report will NOT be accepted.</p>
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<p>5. TB SPUTUM</p> <p>Results (AFB smear and cultures x3 are REQUIRED if the chest x-ray is read as ABNORMAL)</p> <p>1. Date: _____ AFB: _____ Culture: _____</p> <p>2. Date: _____ AFB: _____ Culture: _____</p> <p>3. Date: _____ AFB: _____ Culture: _____</p>
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6. _____ MD/PA/NP/RN Licensed Health Care Provider Name	_____ Signature	_____ (MM/DD/YYYY) Date
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<p>7. Upload (preferred method) PDF or image</p> <p>https://shs.ucsd.edu</p> <p>Student Electronic Health Record/Student Health Portal</p>	<p>Fax</p> <p>1-858-246-2414</p> <p>(please submit by upload OR fax, not both)</p>
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