

# 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](https://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”.**

<b><u>Upload</u></b>	<b><u><a href="https://shs.ucsd.edu">https://shs.ucsd.edu</a></u></b>	<b><u>Fax</u></b>	<b>1-858-246-2414</b>
	Student Health Services Electronic Medical Record Student Portal		

### **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](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 **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**

# 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 15<sup>th</sup>.**

**TESTING MUST BE DONE BETWEEN SEPTEMBER TO PRESENT DATE**

## 1. SYMPTOMS:

**Does your patient have any of the following symptoms? (check any that apply)**

- ☐ Cough for greater than 4weeks  
 ☐ 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)

**≥ 5 mm is positive if:**

- 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

**otherwise ≥ 10mm 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)**

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.

MD/PA/NP/RN

(MM/DD/YYYY)

Licensed Health Care Provider Name

Signature

Date

## 7. Upload (preferred method) PDF or image

<https://shs.ucsd.edu>

## Fax

1-858-246-2414

Student Electronic Health Record/Student Health Portal

(please submit by upload OR fax, not both)