



**Tuberculosis (TB) Health Assessment Form**  
**University of California, San Diego**

Name of Student \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_

UCSD ID# \_\_\_\_\_

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 correspondence noted at the bottom of the page, NO LATER than July 30, 2015.

History Questions (ALL QUESTIONS MUST BE ANSWERED)	Yes	No	If Yes, Perform Testing Section Indicated
Did the student ever receive BCG vaccine?			Perform testing section #2
Has the student ever had a Positive TB skin test?			Perform testing section # 2 OR #3
Does the student have any of the following risk factors:			
A) Recent close contact with someone with active infectious TB disease.			Perform testing section #1 OR #2 if there is a history of having received BCG vaccine
B) Immunosuppressed (disease or meds); organ transplant, HIV			
C) <b>EVER</b> resided or traveled to a high risk area including: Eastern Europe, Central America, Middle East; <b>ANYWHERE</b> on the <b>Continents</b> of Africa, Asia or South America			
D) Lived or worked in a high-risk setting (prison, long-term care facility, or homeless shelter)			
E) Other high risk conditions (IV drug use, chronic renal disease, diabetes, malabsorption syndrome)			
F) History of abnormal chest x-ray suggestive of TB disease			Perform testing section #3 (and #4 if chest x-ray is abnormal)
Does the student have signs/symptoms of active TB disease? (Cough greater than 3 weeks, chest pain, unexplained weight loss or fevers, night sweats?)			Perform testing section #1 or #2 (and #3 and #4 if indicated)
Has the student ever been treated for latent tuberculosis infection (LTBI)? Medication _____ Start date _____ Completion date _____			Perform testing section #3

**TESTING – Testing must be done September 1, 2014 to present**

- Tuberculin skin test (TST) (≥5 mm is positive if yes to A, B or F above; otherwise ≥10mm is positive)**  
 Date placed: \_\_\_\_\_ Date read \_\_\_\_\_ Result: \_\_\_\_\_ mm induration. (If no induration, write Ø)  
 month/day/year month/day/year  
 Interpretation: Negative  Positive  (If Positive, Proceed to #3 – Chest x-ray)
- TB Blood Test** (Interferon Gamma Release Assay – IGRA) – recommended if history of BCG vaccine; If not available, may do a TST or chest X-ray. Date Obtained \_\_\_\_\_  
 Result: Negative  Positive  (If Positive, Proceed to #3- Chest xray)  
 Indeterminate  (If Indeterminate, repeat test or proceed to #3)
- Chest X-ray (REQUIRED if TST or IGRA is positive) – Must attach written radiology report (Do Not send film/CD)**  
 Date of chest x-ray \_\_\_\_\_ Result: Normal  Abnormal  (any abnormal, including scars and old granulomatous changes – must perform Sputums - proceed to #4)
- Sputum Results** (AFB smear and cultures x 3 are required if the chest x-ray is read as abnormal)  
 #1 Date \_\_\_\_\_ AFB \_\_\_\_\_ Culture \_\_\_\_\_ #2 Date \_\_\_\_\_ AFB \_\_\_\_\_ Culture \_\_\_\_\_  
 #3 Date \_\_\_\_\_ AFB \_\_\_\_\_ Culture \_\_\_\_\_

\_\_\_\_\_  
 Licensed Health Care Provider Name Signature Date

**Mail or Fax or Email form to:** University of California San Diego  
 Student Health Services  
 9500 Gilman Drive #0039  
 La Jolla, CA. 92093-0039

Fax: 1-858-534-7545  
 Email: shstb@ucsd.edu

**For questions contact us:**  
<https://studenthealth.ucsd.edu>  
 “Ask a Nurse – TB Question”