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 school.

Your answers to the Tuberculosis (TB) screening questions indicate you are at higher risk for tuberculosis and are **required to have testing for TB**.

Please read and follow the instructions below:

- **Read** this entire instruction page.
- **Print** the assessment form.
- Visit your health care provider to complete the form and perform all required testing.
- **Tuberculosis Testing** must have been performed within 1 year of entering the University.
- Forms are submitted to UC San Diego, Student Health Services via fax, mail, or email.

Mail UC San Diego Fax 1-858-534-7545 Student Health Services 9500 Gilman Drive #0039 La Jolla, CA 92093-0039

Email shstb@ucsd.edu

*Email is not a secure method of sharing medical information. If you are unable to send the form by mail or fax, email submissions will be accepted. If you email your form, you acknowledge that there are risks of sending medical information via the internet. Emails sent to this email will not be responded to.

- Confirmation of receipt of your document(s) is not possible.
 - o Clearance can take 5-7 days after receipt
 - Check the following UCSD web information to verify TB compliance status:
 - <u>Undergrads</u> check your TB status on MyApplication
 - Graduates check your TB status on GradApply
 - If the status has not changed, check your **UCSD email** for a secure message from Student Health as there may be a problem with your form.

For **questions or concerns not answered by the above information**, contact us via the Student Health website at https://studenthealth.ucsd.edu. On line services section - "Ask a Nurse – TB Question."

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. 					
B) Immunosuppressed (disease or meds); organ transplant, HIV			Perform testing section #1 OR #2 if there is a history of having received BCG vaccine		
C) EVER resided or traveled to a high risk area including: Eastern Europe, Central America, Middle East; ANYWHERE on the Continents 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,			Perform testing section #1 or #2 (and #3 and #4 if indicated)		
night sweats?)					
Has the student ever been treated for latent tuberculosis infection (LTBI)? MedicationStart dateCompletion date TESTING —Testing must be done September 1, 2014 to present			Perform testing section #3		

TESTING -Testing must be done September 1, 2014 to present

	Date placed:	Date re	sitive if yes to ead	Result:		on. (If no induration, w	rite Ø			
	month/do	ny/year	month/day/y	ear						
	Interpretation: Neg	gative Positiv	e □ (If Positiv	ve, Proceed to #3	3 – Chest x-ray)					
2.	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 Obta	ined							
	Result: Negative	Positive (If	Positive, Proc	eed to #3- Chest	: xray)					
	Indetermina	te 🗆 (If Indeter	minate, repea	at test or procee	d to #3)					
3.	Chest X-ray (<u>REQUIRED</u>	if TST or IGRA is	s positive) – N	lust attach writt	ten radiology rep	ort (Do <u>Not</u> send film/	CD)			
	Date of chest x-ray_	R	esult: Normal	□ Abnormal □	any abnormal	including scars and ol	d			
	granulomatous cha	nges – must pei	form Sputum	s - proceed to #4	1)					
4.	Sputum Results (AFB sn	near and culture	s x 3 are requ	ired if the chest	x-ray is read as al	onormal)				
	# 1 Date	AFB(Culture	#2 Date	AFB	Culture				
	#3 Date	AFB(Culture	<u></u>						
	ensed Health Care Provid		Signature			 Date				

Fax: 1-858-534-7545 Email: shstb@ucsd.edu **Student Health Services** 9500 Gilman Drive #0039 La Jolla, CA. 92093-0039

https://studenthealth.ucsd.edu "Ask a Nurse - TB Question"