

## UC SAN DIEGO SCHOOL OF MEDICINE and SKAGGS SCHOOL OF PHARMACY TUBERCULOSIS HEALTH ASSESSMENT

Student ID:	Date of Birth: (MM/DD/YYYY)	Name: First	Last

This form must be <u>completed</u> <u>and signed by a LICENSED HEALTH CARE PROVIDER</u> and must be received by UCSD Student Health via Health Record upload, noted at the bottom of the page.

,	for the purpose of	of clinical placement requir		
GNATURE:		DATE:	CELL PHONE:	
. SYMPTOMS: 🗆 N	o current symp	otoms		
Cough for greater th	nan 4weeks 🗆 (	ollowing symptoms? (c Coughing up blood □ U Unexplained weight los	nexplained Chest pain   Persi	stent fever/chills/night sweat
. IGRA-TB BLOOD TE	ST			
UANTIFERON - Inter	feron Gamma F	Release Assay – IGRA	Date of QTF Test:_	
esult:   Negative  Poload laboratory re		positive, proceed to <b>CH</b>	EST X-RAY)	
		repeat test or proceed	to chest x-ray)	
F POSITIVE, PROCEE	D TO CHEST X-	RAY)	to chest x-ray)	treatment for TB or latent TE
COU MUST ATTACH V	D TO CHEST X-I JIRED if Quanti VRITTEN RADIO	RAY)  iferon/IGRA + or symp  DLOGY CHEST X-RAY RE	· ·	END FILMS/CD of actual x-ray
F POSITIVE, PROCEE  CHEST X-RAY REQUE  OU MUST ATTACH V  Iny abnormal result,	D TO CHEST X-I JIRED if Quanti VRITTEN RADIO	iferon/IGRA + or symp DLOGY CHEST X-RAY RE and old granulomatou	toms are positive or previous  PORT IN ENGLISH (DO NOT SE	END FILMS/CD of actual x-ray
GOU MUST ATTACH Vany abnormal result,	JIRED if Quanti VRITTEN RADIO including scars	iferon/IGRA + or symp DLOGY CHEST X-RAY RE and old granulomatou	toms are positive or previous  PORT IN ENGLISH s changes – MUST PERFORM S	END FILMS/CD of actual x-ray
GOU MUST ATTACH Vany abnormal result,  Pate of Chest X-ray:  Results submitted with	JIRED if Quanti VRITTEN RADIO including scars	iferon/IGRA + or symp  DLOGY CHEST X-RAY RE  and old granulomatou  Result:  Nor	toms are positive or previous  PORT IN ENGLISH s changes – MUST PERFORM S	END FILMS/CD of actual x-ray
GOU MUST ATTACH Vany abnormal result,  Pate of Chest X-ray:  Results submitted with	JIRED if Quanti VRITTEN RADIO including scars	iferon/IGRA + or symp  DLOGY CHEST X-RAY RE  and old granulomatou  Result:  Nor	toms are positive or previous  PORT IN ENGLISH s changes – MUST PERFORM S	END FILMS/CD of actual x-ray
F POSITIVE, PROCEE  CHEST X-RAY REQUE OU MUST ATTACH VERY abnormal result, Pate of Chest X-ray: Results submitted with TB SPUTUM  esults (AFB smear ar	JIRED if Quanti WRITTEN RADIO including scars	iferon/IGRA + or sympology CHEST X-RAY Real and old granulomatou Result:   Result:  Noreport will NOT be acceptate REQUIRED if the Ch	PORT IN ENGLISH (DO NOT SEE s changes – MUST PERFORM SEE al.)	END FILMS/CD of actual x-ray SPUTUM TESTING
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CHEST X-RAY REQUENTS AND ADDRESS AND ADDRE	JIRED if Quanti VRITTEN RADIO including scars  out chest x-ray  and cultures x 3 aAFB:AFB:	iferon/IGRA + or symp CLOGY CHEST X-RAY RE and old granulomatou Result: □ Nor report will NOT be accep  are REQUIRED if the ChCulture:Culture:Culture:	toms are positive or previous  PORT IN ENGLISH s changes – MUST PERFORM S  mal	END FILMS/CD of actual x-ray SPUTUM TESTING
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3. CHEST X-RAY REQUENTS Any abnormal result, Parents submitted with TB SPUTUM  Results (AFB smear ar 1. Date:	JIRED if Quanti VRITTEN RADIC including scars  nout chest x-ray  and cultures x 3 aAFB:AFB:AFB:AFB:	iferon/IGRA + or symp CLOGY CHEST X-RAY RE and old granulomatou Result: □ Nor report will NOT be accep  are REQUIRED if the ChCulture:Culture:Culture:	toms are positive or previous  PORT IN ENGLISH s changes – MUST PERFORM S  mal	END FILMS/CD of actual x-ray SPUTUM TESTING