Dear Incoming Student,

In order to protect our campus from communicable disease, all new and re-admitted graduate and undergraduate students are required to complete a Tuberculosis Screening before arriving at UC San Diego. This includes undergraduate students transitioning to graduate studies.

Please read and follow the instructions below to complete your TB Requirements:

1. Log in to MyStudentChart. In order to log in to MyStudentChart, you will need your AD username and password.

2. Once logged in, please go to Menu > Immunization & Screening > TB Risk Screening Assessment.

3. Click to start the TB Screening Risk Screening Questionnaire. Answer all the screening questions.

4. If the screening prompts you to submit your TB Testing Form, please complete steps 5-8 below.

5. Print the TB Health Assessment Form (page 2 of this document).

6. Visit your health care provider to complete the form and perform all required testing. The form must be signed by a licensed health care provider.

7. Tuberculosis testing must be performed within 1 year prior to the start of your program and Chest X-rays must include the report.

8. Upload your TB Testing Form: Return to MyStudentChart.ucsd.edu. Go to Menu > Immunizations & Screening > TB > Upload. If the upload button is not visible to you, please message Ask-a-Nurse and attach the result to the message.

Questions:

1. If you have a medical question, use the “ASK A NURSE” function in your electronic medical record: MyStudentChart.ucsd.edu.

2. If you are having technical problems, email shstb@health.ucsd.edu and include your student ID number. Do not include any medical information as this is not a secure method of communication.

3. Please refer to the Student Health Services website for additional information.

You will NOT get a confirmation that your TB Risk Screening Questionnaire and/or TB testing Form has been received.

Please check your UCSD email or MyStudentChart regularly for a secure message from Student Health. This is how requests for additional information, updates and reminders are provided by the Nursing team.
**TUBERCULOSIS TESTING REQUIREMENT**

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 a Health Record upload, noted at the bottom of the page.

**Testing must be performed within one year of entering the University.**

1. **Symptoms:**
   - No current symptoms

   Does your patient have any of the following symptoms? (check any that apply)
   - Cough for greater than 4 weeks
   - 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)

   - QUANTIFERON/T-SPOT - Interferon Gamma Release Assay – IGRA If not available, may do a Tuberculin Skin Test (TST) or Chest x-ray.

   - Date QTF/T-Spot Test: ________________

   - Result: □ Negative □ Positive

   (If positive, proceed to CHEST X-RAY)

   - Indeterminate

   (If indeterminate, repeat test or proceed to chest x-ray)

   **All fields must be completed to avoid delays**

4. **CHEST X-RAY REQUIRED** if TST or Quantiferon/IGRA +/or symptoms are positive or previous treatment for TB

   You must attach written radiology chest x-ray report in English (do not send films/CD of actual x-ray)

   Any abnormal result, including scars and old granulomatous changes – MUST PERFORM SPUTUM TESTING

   - Date of Chest X-ray: ________________

   - Result: □ Normal □ Abnormal

   *(Results submitted without a chest x-ray report will NOT be accepted.)*

5. **TB Sputum**

   (Please also include the lab reports with these results)

   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: ________

6. ____________________________  ____________________________  ____________________________

   Licensed Health Care Provider Name  Signature  Date

7. **Upload PDF or image to: MyStudentChart.ucsd.edu/shs/go to Menu > Immunization & Screening > TB**