









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 and transfer students.

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

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 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)

≥ 5 mm is positive if:

- Recent close contact with 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 48-72 hours after it was placed)

Result: ____ mm induration. (If no induration, write Ø)
Interpretation: ☐ **Negative** ☐ **Positive**
(IF POSITIVE, PROCEED TO CHEST X-RAY)

****ALL FIELDS MUST BE COMPLETED TO AVOID DELAYS**

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)
(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

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)

- Date: _____ AFB: _____ Culture: _____
- Date: _____ AFB: _____ Culture: _____
- Date: _____ AFB: _____ Culture: _____

6.

 Licensed Health Care Provider Name

 Signature

 Date

7. Upload PDF or image to: [MyStudentChart.ucsd.edu/shs/](https://mystudentchart.ucsd.edu/shs/) go to Menu > Immunization & Screening > TB