









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

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