

UC Davis TB Screening
Requirement:

How to submit your TB Health
Assessment Form

Step 1

- If after completing the TB Risk Screening you are found to be at high risk, you must complete the Tuberculosis (TB) Health Assessment Form
- The Tuberculosis (TB) Health Assessment Form is found on the SHCS website
- Print the form and take to your medical provider to complete

TB Health Assessment Form

UC DAVIS
STUDENT HEALTH AND COUNSELING SERVICES

Name of Student _____
 Date of Birth (month/day/year) _____
 SID# _____

Tuberculosis (TB) Health Assessment Form
 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. All indicated test results **MUST** be in English.

History Questions (ALL QUESTIONS MUST BE ANSWERED)	Yes	No	Comments
Does the student have signs/symptoms of active TB disease? (Cough greater than 3 weeks, hemoptysis, unexplained weight loss or fever, night sweats)			
Has the student ever been treated for latent tuberculosis infection?			
Medications _____ Start date _____ End date _____			
Has the student ever been treated for active TB disease? (If yes, must attach summary of treatment letter)			

TESTING - All testing must be done within 12 months prior to the first day of class. Anticipated first day of class: _____

1. Tuberculosis Test
 Choose one of the following options:

a. **TB Blood Test** (Interferon Gamma Release Assay - IGRA - T-Spot-Quantiferon) recommended if history of BCG vaccine; if not available, may do a TST or chest x-ray
 Date Obtained: _____
 Result: Negative Positive (If Positive, proceed to #2 - Chest x-ray)
 Indeterminate (If Indeterminate, repeat test or proceed to #3)

b. **Tuberculin Skin Test (TST)**
≥ 5mm 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: _____
 Results: _____ mm induration. (If no induration, write ☺)
 Interpretation: Negative Positive (If Positive, proceed to #2 - Chest x-ray)

2. Chest X-ray (REQUIRED if TST or IGRA is positive) Must attach written radiology report (do not send film/CD)
 Date of chest x-ray _____ Result: Normal
 Abnormal - r/o active TB must have Sputum Induction - proceed to #3
 Abnormal -other- Specify: _____

3. Sputum Results (AFB smear and cultures x 3 are required if the chest x-ray is read as concerning for TB)
 #1 Date _____ AFB _____ Culture _____
 #2 Date _____ AFB _____ Culture _____
 #3 Date _____ AFB _____ Culture _____

I certify the student is free of infectious tuberculosis.

Signature of Licensed Healthcare Provider _____ Date _____
 NPI or Medical License Number _____
 Printed Name of Licensed Healthcare Provider _____ MD/NP/PA _____

OFFICE STAMP

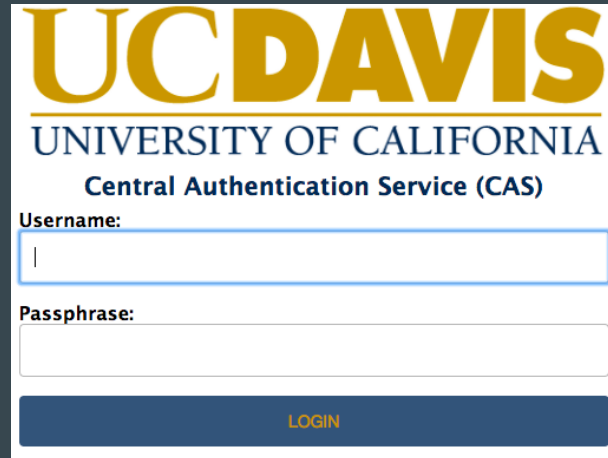
FOR QUESTIONS GO TO WWW.SHCS.UCDAVIS.EDU

Step 2

Log into the UC Davis health-e-messaging patient portal, located on the Student Health and Counseling Services website:

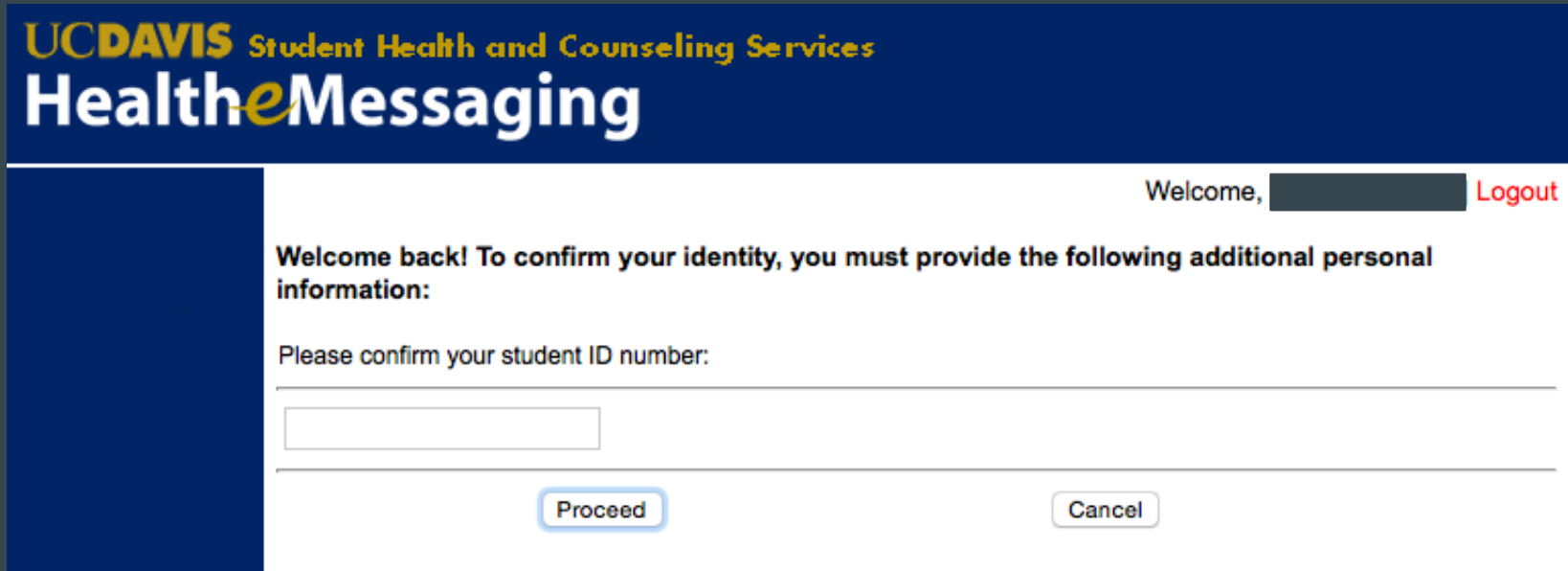


Use your UC Davis Campus Account to authenticate:

The UC Davis Central Authentication Service (CAS) login form. At the top, the text "UC DAVIS" is written in large, bold, yellow letters. Below it, "UNIVERSITY OF CALIFORNIA" is written in blue, and "Central Authentication Service (CAS)" is written in black. There are two input fields: "Username:" with a blue border and a vertical cursor, and "Passphrase:" with a white border. At the bottom, there is a dark blue button with the word "LOGIN" in yellow capital letters.

Step 3

Confirm your identity using your Student ID number:



The screenshot shows the UC Davis Student Health and Counseling Services Health eMessaging interface. At the top, the logo reads "UC DAVIS Student Health and Counseling Services Health eMessaging". In the top right corner, it says "Welcome, [redacted] Logout". The main content area contains the following text: "Welcome back! To confirm your identity, you must provide the following additional personal information:" followed by "Please confirm your student ID number:". Below this is a text input field. At the bottom, there are two buttons: "Proceed" and "Cancel".

UC DAVIS Student Health and Counseling Services
Health eMessaging

Welcome, [redacted] [Logout](#)

Welcome back! To confirm your identity, you must provide the following additional personal information:

Please confirm your student ID number:

[Proceed](#) [Cancel](#)

Step 4

From the left side navigation menu, click on Immunization/TB Record Upload.



UCDAVIS Student Health and Counseling Services
HealtheMessaging

Welcome, \$

Immunization/TB record upload

Please upload your immunization records and any documentation related to TB screening.

When submitting your completed Tuberculosis (TB) Health Assessment Form please attach a copy of the Health Assessment Form.

Forms not submitted as TB Health Assessment Form will result in a delay of your completion.

We accept the following file types: PNG, JPG, JPEG, GIF.

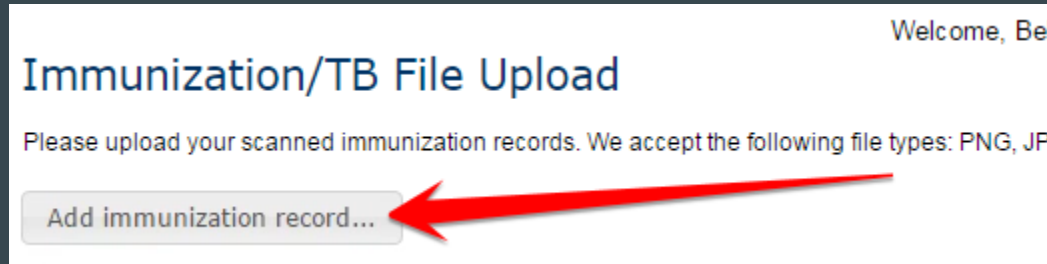
Add immunization record...

Save Cancel

The screenshot shows a web interface for UC Davis Student Health and Counseling Services. The main header is dark blue with the 'Health Messaging' logo. A left-hand navigation menu is visible, with a yellow arrow pointing to the 'Immunization/TB record upload' option. The main content area is white and contains instructions for uploading immunization records and TB health assessment forms. It lists accepted file types (PNG, JPG, JPEG, GIF) and includes buttons for 'Add immunization record...', 'Save', and 'Cancel'.

Step 5

Click Add Immunization Record button. Please name your completed form TBHAF. This will ensure timely clearance of your TB screening.



Step 6

1. Browse to the documentation on your computer or camera roll on your smartphone. The page will immediately show your scanned imagery. You can click on any item that you want uploaded if you want to verify the quality. Click SAVE.
2. Once uploaded, our staff will evaluate the completed TB Health Assessment Form and supporting documents you have uploaded and will correspond through Health-e-Messaging if there are any further questions or concerns. Remember to name your completed Tuberculosis (TB) health assessment form TBHAF
3. Please allow two (2) weeks for our staff to review your documentation and update your compliance. You will be sent a message through Health-e-Messaging once your form is reviewed.

Checking for compliance

In your Immunization Record you can check your compliance status.

When you are compliant with a requirement, you will see that item with a green check next to it. Items that are non-compliant have a red X.

****IMPORTANT NOTE** - It can take up to 2 weeks to process your TB Health Assessment Form.

UC DAVIS Student Health and Counseling Services
Health Messaging

Welcome, [Name] | [Logout](#) | [Print](#)

Immunization Record

Please upload your scanned immunization records and any documentation related to TB screening, including a signed Tuberculosis Health Assessment Form. We accept the following file types: PNG, JPG, JPEG, GIF.

[Add immunization record...](#)

[Save Records](#)

Status ✔ Compliant (Last calculated on 3/9/2017 11:03:46 AM)

Compliance Details

Disease Compliance	Status	Last updated
TB Risk Screening	✔ Compliant with Standard Requirements	3/17/2017

Immunization Events Show Details

Procedure	Event Date	Comment
Chest X-Ray	3/13/2015	Result: Negative
Hepatitis A-adult	5/1/1985	
HEPATITIS B SURFACE ANTIBODY	8/1/2010	Result: ADEQUATE TITER
Hepatitis B-adult	3/1/2000	
Hepatitis B-adult	1/1/2000	
Hepatitis B-adult	12/1/1999	
Hepatitis B-adult	3/1/1980	
Hepatitis B-adult	1/1/1980	
Hepatitis B-adult	5/21/1970	

Once you show as Compliant, please allow
15 minutes for any Registration Holds to be
removed

For further questions:
Contact us via Health-e-Messaging