

# UCLA Incoming Student Health Form – 2016-2017 Academic Year

**Student Information:** Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address \_\_\_\_\_ Age at Enrollment: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
 Student Status: \_\_\_\_\_ Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_  
 Quarter/Year Entering: \_\_\_\_\_ International Student

<b>Tuberculosis (TB) Screening Questionnaire (to be completed by the student)</b>	<b>YES</b>	<b>NO</b>
Have you ever had close contact with persons known or suspected to have active TB disease?		
Were you born in one of the countries listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country below)		
Have you had frequent or prolonged visits* to one or more of the countries listed below with a high prevalence of TB disease? (If yes, CIRCLE the countries, below)		
Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long- term care facilities, and homeless shelters)?		
Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?		
Have you ever been a member of any of the following groups that may have an increased incidence of latent <i>M. tuberculosis</i> infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?		
Are you an incoming Healthcare Professional Student (Medical/Dental/Nursing/Social Welfare)?		

- |                                  |                                       |                                  |                                  |                                    |
|----------------------------------|---------------------------------------|----------------------------------|----------------------------------|------------------------------------|
| Afghanistan                      | Côte d'Ivoire                         | Kenya                            | Nicaragua                        | South Africa                       |
| Algeria                          | Democratic People's Republic of Korea | Kiribati                         | Niger                            | South Sudan                        |
| Angola                           |                                       | Kuwait                           | Nigeria                          | Sri Lanka                          |
| Argentina                        | Democratic Republic of the Congo      | Kyrgyzstan                       | Niue                             | Sudan                              |
| Armenia                          |                                       | Lao People's Democratic Republic | Pakistan                         | Suriname                           |
| Azerbaijan                       | Djibouti                              |                                  | Palau                            | Swaziland                          |
| Bahrain                          | Dominican Republic                    | Latvia                           | Panama                           | Tajikistan                         |
| Bangladesh                       | Ecuador                               | Lesotho                          | Papua New Guinea                 | Thailand                           |
| Belarus                          | El Salvador                           | Liberia                          | Paraguay                         | Timor-Leste                        |
| Belize                           | Equatorial Guinea                     | Libya                            | Peru                             | Togo                               |
| Benin                            | Eritrea                               | Lithuania                        | Philippines                      | Trinidad and Tobago                |
| Bhutan                           | Estonia                               | Madagascar                       | Poland                           | Tunisia                            |
| Bolivia (Plurinational State of) | Ethiopia                              | Malawi                           | Portugal                         | Turkey                             |
| Bosnia and Herzegovina           | Fiji                                  | Malaysia                         | Qatar                            | Turkmenistan                       |
| Botswana                         | Gabon                                 | Maldives                         | Republic of Korea                | Tuvalu                             |
| Brazil                           | Gambia                                | Mali                             | Republic of Moldova              | Uganda                             |
| Brunei Darussalam                | Georgia                               | Marshall Islands                 | Romania                          | Ukraine                            |
| Bulgaria                         | Ghana                                 | Mauritania                       | Russian Federation               | United Republic of Tanzania        |
| Burkina Faso                     | Guatemala                             | Mauritius                        | Rwanda                           |                                    |
| Burundi                          | Guinea                                | Mexico                           | Saint Vincent and the Grenadines | Uruguay                            |
| Cabo Verde                       | Guinea-Bissau                         | Micronesia (Federated States of) | Sao Tome and Principe            | Uzbekistan                         |
| Cambodia                         | Guyana                                | Mongolia                         | Senegal                          | Vanuatu                            |
| Cameroon                         | Haiti                                 | Morocco                          | Serbia                           | Venezuela (Bolivarian Republic of) |
| Central African Republic         | Honduras                              | Mozambique                       | Seychelles                       |                                    |
| Chad                             | India                                 | Myanmar                          | Sierra Leone                     | Viet Nam                           |
| China                            | Indonesia                             | Namibia                          | Singapore                        | Yemen                              |
| Colombia                         | Iran (Islamic Republic of)            | Nauru                            | Solomon Islands                  | Zambia                             |
| Comoros                          | Iraq                                  | Nepal                            | Somalia                          | Zimbabwe                           |
| Congo                            | Kazakhstan                            |                                  |                                  |                                    |

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. <http://apps.who.int/ghodata>.

If the answers to **ALL** of the above questions is **“NO”** Tuberculosis (TB) Testing is not required unless you are a Healthcare Professional Student (Medical/Dental/Nursing/Social Welfare). **Healthcare Professional students are required to complete TB Testing regardless of risk factors.**

If the answer is **“YES”** to any of the above questions, UCLA requires that you receive TB testing. Please have your healthcare provider complete the “Tuberculosis (TB) Testing” section below.

Please have a licensed medical professional complete the Tuberculosis (TB) Testing section if you are Healthcare Professional Student (Medical/Dental/Nursing/Social Welfare) OR if you answered “YES” to any of the questions on the Tuberculosis Screening Questionnaire” OR submit a copy of official immunization record, lab or chest x-ray reports. Foreign record must be translated into English.

Tuberculosis (TB) Testing		
<p>If no history of positive TB skin test, two separate skin tests OR one IGRA blood test is required. Skin tests must be placed at least one week apart.</p>	<p><b>2 Step Tuberculin Skin Test (PPD)</b></p> <p><b>Step 1 - Tuberculin Skin Test (PPD) within 12 months prior to matriculation:</b></p> <p>Date Placed: ____/____/____ Date Read: ____/____/____                      Result (mm): ____                      Positive:      Negative:</p> <p><b>Step 2 - Tuberculin Skin Test (PPD) within 3 months prior to matriculation:</b></p> <p>Date Placed: ____/____/____ Date Read: ____/____/____                      Result (mm): ____                      Positive:      Negative:</p>	<p><b>Interferon Gamma Release Assay (IGRA) *Recommended if the student had prior history of BCG (attach copy of lab report)</b></p> <p>Specify Method (Select one):                      QFT-G    QFT-GIT    T-SPO    <u>Other</u></p> <p>Date of Test: ____/____/____</p> <p>Result (Select one):                      Negative    Positive    Indeterminate    Borderline (T-Spot only)</p>
<p>Chest X-Ray within 3 months prior to matriculation (Required if positive skin test or IGRA result)</p>	<p><b>Chest X-Ray Date:</b> ____/____/____ Normal:      Abnormal:      (Attach copy of chest x-ray report)</p>	
<p><b>History of INH (Isoniazid) Treatment or other anti-tubercular drugs?</b> (Select one):    Yes    No</p> <p>If Yes, Date Initiated: ____/____/____      Date Completed: ____/____/____      Type of treatment:</p>		

Please have this section completed legibly in English by a licensed medical professional unrelated to the student OR submit a copy of official immunization record and lab reports documenting the following required immunizations. Foreign record must be translated into English.

REQUIRED IMMUNIZATIONS FOR ALL STUDENTS		
<p><b>Measles-Mumps-Rubella (MMR)</b> Two (2) doses required; first dose on or after 1st birthday OR positive titer</p>	<p>Dose #1 ____/____/____ (MM/DD/YR)                      Dose #2 ____/____/____ (MM/DD/YR)</p>	<p>Proof of Positive immune titers. <b>TITERS ARE REQUIRED</b> for Healthcare Professional school students (Medical/Dental/Nursing/Social Welfare)</p> <p>Measles Titer Result:    Positive    Negative ____/____/____ (MM/DD/YR)                      Mumps Titer Result:    Positive    Negative ____/____/____ (MM/DD/YR)                      Rubella Titer Result:    Positive    Negative ____/____/____ (MM/DD/YR)</p> <p>(attach copy of all lab reports)</p>
<p><b>Varicella (Chicken Pox)</b> Two (2) doses required; first dose on or after 1st birthday OR positive titer</p>	<p>Dose #1 ____/____/____ (MM/DD/YR)                      Dose #2 ____/____/____ (MM/DD/YR)</p>	<p>Positive Varicella Antibody ____/____/____ (MM/DD/YR)                      (attach copy of lab report)</p> <p>(*if Varicella antibody titer is negative or equivocal, two vaccinations are required)</p>

<b>(Tdap) Tetanus, Diphtheria &amp; Pertussis</b> (e.g. Adacel/Boostrix) 1 dose after age 7	Date ___/___/___ (MM/DD/YR)
<b>Meningococcal conjugate--</b> (Serogroups A, C, Y, & W-135) 1 dose on or after age 16 for all students age 21 years or younger	Date ___/___/___ (MM/DD/YR) Name of vaccine: _____ <b>Menactra<sup>®</sup>, MenHibrix<sup>®</sup> or Menveo<sup>®</sup> vaccines are preferred.</b>
<b>ADDITIONAL REQUIREMENTS FOR ALL HEALTHCARE PROFESSIONAL SCHOOL STUDENTS (MEDICAL/NURSING/DENTAL/SOCIAL WELFARE)</b>	
<b>Hepatitis B Immunity</b> All students must have a series of three Hepatitis B vaccinations (initial dose, dose two at 1 month, and dose three at 6 months). A post-vaccine surface antibody titer (to demonstrate immunity) is <b>required</b> one month after 3rd vaccine dose.	Dose #1 ___/___/___ (MM/DD/YR) Dose #2 ___/___/___ (MM/DD/YR) Dose #2 ___/___/___ (MM/DD/YR) <b>Hep B surface antibody titer:</b> Reactive:      Non-Reactive:      Date: ___/___/___ <u>*If antibody non-reactive, Hepatitis B surface antigen is required prior to repeat series.</u> <b>Hep B surface antigen titer:</b> Reactive:      Non-Reactive:      Date: ___/___/___ If Hep B surface antigen is negative, repeat Hep B series required and repeat titer one month after series completion. Dose #4 ___/___/___ (MM/DD/YR) Dose #5 ___/___/___ (MM/DD/YR) Dose #6 ___/___/___ (MM/DD/YR) 2 <sup>nd</sup> Hep B surface antibody titer: Reactive:      Non-Reactive:      Date: ___/___/___ <u>*If repeat Hep B surface antibody is non-reactive, student will need to schedule an appointment at UCLA Student Health for evaluation.</u>
<b>Tetanus, Diphtheria (Td) or Tdap</b> 1 dose in last 10 years	Date ___/___/___ (MM/DD/YR)

**Medical Professional Completing this Form:**

Name: \_\_\_\_\_ Professional Title: \_\_\_\_\_ License No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

1. Once you have completed the Immunization requirements, enter them in the electronic version of the form for submission.
2. Go to the [Secure Patient Portal](#)
3. Log in to the secure site (UCLA logon ID number 000 000 000 and password). You must have logged onto [MyUCLA](#) and submitted your Statement of Intent to Register (SIR/SLR) before you can gain access.
4. Once you are logged in, select **FORMS** from the options on the left side of the page.
5. Select the form: **IMMUNIZATION COMPLIANCE/HEALTH CLEARANCE.**