Title: UCSC CAMPUS PROGRAM TUBERCULOSIS RISK ASSESSMENT FORM SCREENSHOT GUIDE

Revision Date: 4/11/18

Target Audience: Students in UCSC Programs that require TB Screening

Start Here (healthcenter.ucsc.edu):
Logon to Health e-Messenger with CruzID Gold Password

Then: enter DOB and click Proceed
Click on “UCSC Campus Programs TB Risk Screening”

NOTE If you are a first time user accept the Privacy Notice
Select New Message:

Select UCSC Campus Programs TB Risk Assessment Form (UC SHIP ONLY)

*For students without the UC Student Health Insurance Plan please see your primary care provider.*
Select Communication Option

Please choose from the following options:

- Immunization & TB Risk Screening Requirement Questions
- UCSC Campus Programs TB Risk Assessment Form (UC SHIP Only)
- Secure Insurance Inquiries
- Medical Waiver Grievance Form
- Legal Billing Inquiries
- Prescription Refill Request
- TANDEM: EDUCATION ABROAD Program (EAP) Travel Health Clearance Form (NOT for international students coming to UCSC)
- TANDEM EDUCATION ABROAD Program Travel Health Clearance form (NOT for International students coming to UCSC)
- Optometry Rx Upload

Fill out form and click Send
Compose New Secure Message

Recipient: IMMUNIZATION CLINICIAN
Message Type: TB Risk Assessment Form Secure Message
Subject: UCSC Campus Program TB Risk Assessment Form
Attachments: Add attachment...

Items marked with ** are required.

Tuberculosis (TB) Risk Assessment Form

Please Answer the following questions:

** Name of UCSC Campus Program

By clicking Send I agree that the above information is complete and accurate.

Your TB Risk Assessment Form will be reviewed by a health care professional and instructions for the next steps will be sent to you via secure message within 2 weeks.

Send Cancel
This screen means you are successful.

Secure Message Sent

Your message has been sent.

You will receive a secure message with next steps.