

Student Name: _____ Student ID#: _____

Tuberculosis Skin Testing
 (Must be completed by Physician/Nurse Practitioner)

All students must provide documentation of an initial Two Step TB Skin test (PPD); annually thereafter, unless required every semester by agency. Students with a history of a positive TB Skin test must provide documentation of medical clearance including a negative chest x-ray and completion of a TB Questionnaire. (Attach results)

STEP ONE

Date PPD Administered: _____

Date PPD Read: _____

_____ results with _____ mm induration
 (+/-)

Read by: _____

STEP TWO
 (Must be completed within 14 days of STEP ONE)

Date PPD Administered: _____

Date PPD Read: _____

_____ results with _____ mm induration
 (+/-)

Read by: _____

Junior Fall Semester

Date PPD Administered: _____

Date PPD Read: _____

_____ results with _____ mm induration
 (+/-)

Read by: _____

Junior Spring Semester

Date PPD Administered: _____

Date PPD Read: _____

_____ results with _____ mm induration
 (+/-)

Read by: _____

Senior Fall Semester

Date PPD Administered: _____

Date PPD Read: _____

_____ results with _____ mm induration
 (+/-)

Read by: _____

Senior Spring Semester

Date PPD Administered: _____

Date PPD Read: _____

_____ results with _____ mm induration
 (+/-)

Read by: _____

Disclaimer: Some clinical sites may not require PPD in Junior Fall and Senior Fall Semesters. Check with your clinical instructor.