



Form D: PPD

Please answer the questions and follow directions. Ask the PPD administrator to fill in all areas of the form including the clinic address, stamp and providers signature. Attach form C if this is your 1st PPD at

Name _____ Program & Grad Yr. _____ DOB: _____
Please Print

Phone #: _____ Touro Email Address: _____ Student ID: _____

PPD/TST (Tuberculin Skin Test)

A 2 step PPD is two PPD's completed within 21 days. PPD #1 is placed in the forearm then read within 48 to 72 hours. PPD# 2 is placed 7-18 days later in the opposite forearm then read within 48 to 72 hours. Both PPD's must be documented in mm of induration. Complete PPD's according to your program specific requirements.

Please check: ☐ 2- step PPD ☐ 1- step PPD

Yes ☐ No ☐ 1. Have you completed an initial TB Screen and History form? If not, please include it with this PPD.

Yes ☐ No ☐ 2. Have you traveled outside the US in the past 6 months for a month or longer?

If yes, where & when _____.

Yes ☐ No ☐ 3. Have you lived with anyone who had active TB in the past year?

Yes ☐ No ☐ 4. Have you worked or volunteered in a hospital, clinic, shelter or residential setting during the past year? If yes, what setting? _____.

Yes ☐ No ☐ 5. Have you received **any live vaccines within the last 6 weeks** such as MMR, Varicella, Oral Typhoid or Yellow Fever? A PPD can be given the same day or 6 weeks after receiving a live vaccine.

PPD # 1

Manufacturer:	Lot:	Exp. Date
Clinic stamp	Date Placed _____ Date Read _____	Clinic stamp
	Time Placed _____ Time Read _____	
	RFA _____ LFA _____ mm induration	
	Placed by _____ Read by: _____	

PPD # 2

Manufacturer:	Lot:	Exp. Date
Clinic stamp	Date Placed _____ Date Read _____	Clinic stamp
	Time Placed _____ Time Read _____	
	RFA _____ LFA _____ mm induration	
	Placed by _____ Read by: _____	

Comments:

Providers Signature: _____ Date: _____

Provider Address/Clinic Stamp: