



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 #: _____ Email Address: _____

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						Clinic stamp		
Date Placed _____			Date Read _____					
Time Placed _____			Time Read _____					
RFA			LFA _____			mm induration		
Placed by			Read by:					

PPD # 2

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

Comments:

Providers Signature: _____ Date: _____

Provider Address/Clinic Stamp: