

UW HEALTH SCIENCES IMMUNIZATION PROGRAM

Tuberculin Skin Test Form

This form may be completed by health care providers (MD, DO, ARNP, PA, RN or other appropriate designees) to document initial 2-step PPD skin testing or a single annual PPD. It may not be completed by a student or relative.

- Documentation must include date placed, date read, and results in mm.
- Tests must be read 48-72 hours after placement.
- "Self-read" tests are not accepted.
- BOTH PPDs of a 2-step must be placed BEFORE any needed live virus vaccine (varicella, MMR) is received. Otherwise, wait 28 days after vaccine is given before placing PPDs.
- The second PPD of a 2-step test must be placed between 1-3 weeks after the first PPD is read.

Student Name: _____ UW SID# _____
PLEASE PRINT: Last name First name

<p><u>1st PPD:</u></p> <p>Date placed: ____ / ____ / ____ Time: _____ Mo Day Yr</p> <p>Location: <input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p>Manufacturer: _____</p> <p>Lot #: _____ Exp. Date: _____</p> <p>Placed by: _____</p> <p> Signature/Title (MD, ARNP, PA, RN)</p> <p>Printed Name: _____</p> <p>Facility: _____</p>	<p>Date Read: ____ / ____ / ____ Time: _____ Mo Day Yr</p> <p>PPD result: _____ mm</p> <p style="text-align: center;"><i>A positive result is ≥ 10 mm.</i></p> <p>Interpretation: <input type="checkbox"/> Negative <input type="checkbox"/> Positive (≥ 10 mm)</p> <p>Read by: _____</p> <p> Signature/Title (MD, ARNP, PA, RN)</p> <p>Printed Name: _____</p> <p>Facility: _____</p>
--	---

<p><u>2nd PPD:</u></p> <p>Date placed: ____ / ____ / ____ Time: _____ Mo Day Yr</p> <p>Location: <input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p>Manufacturer: _____</p> <p>Lot #: _____ Exp. Date: _____</p> <p>Placed by: _____</p> <p> Signature/Title (MD, ARNP, PA, RN)</p> <p>Printed Name: _____</p> <p>Facility: _____</p>	<p>Date Read: ____ / ____ / ____ Time: _____ Mo Day Yr</p> <p>PPD result: _____ mm</p> <p style="text-align: center;"><i>A positive result is ≥ 10 mm.</i></p> <p>Interpretation: <input type="checkbox"/> Negative <input type="checkbox"/> Positive (≥ 10 mm)</p> <p>Read by: _____</p> <p> Signature/Title (MD, ARNP, PA, RN)</p> <p>Printed Name: _____</p> <p>Facility: _____</p>
--	---