ENVIRONMENTAL HEALTH & SAFETY
UNIVERSITY of WASHINGTON

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.

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

1st PPD:

Date placed: ___/___/___ Time: _____
Mo Day Yr

Location: ☐ Left ☐ Right

Manufacturer: _____

Lot #: _____ Exp. Date: _____

Placed by: _____
Signature/Title (MD, ARNP, PA, RN)

Printed Name: _____

Phone #: _____

Date Read: ___/___/___ Time: _____
Mo Day Yr

PPD result: _____mm

A positive result is ≥ 10 mm.

Interpretation: ☐ Negative ☐ Positive *(≥ 10 mm)*

Read by: _____
Signature/Title (MD, ARNP, PA, RN)

Printed Name: _____

Phone #: _____

For 2-step: If test #1 is negative, test #2 is placed at least 7, but not more than 21 days after the 1st test was placed

2nd PPD:

Date placed: ___/___/___ Time: _____
Mo Day Yr

Location: ☐ Left ☐ Right

Manufacturer: _____

Lot #: _____ Exp. Date: _____

Placed by: _____
Signature/Title (MD, ARNP, PA, RN)

Printed Name: _____

Phone #: _____

Date Read: ___/___/___ Time: _____
Mo Day Yr

PPD result: _____mm

A positive result is ≥ 10 mm.

Interpretation: ☐ Negative ☐ Positive *(≥ 10 mm)*

Read by: _____
Signature/Title (MD, ARNP, PA, RN)

Printed Name: _____

Phone #: _____