Tuberculosis (for 2-step and one-step renewal)

Student Name: ____________________________
Student Program: __________________________
Student ID Number: ________________________

For TB 2-step, both Steps #1 and #2 must be completed. For TB renewal (less than 365 days from the previous PPD), only Step #1 is required. Dates PPD was administered AND read, along with PPD results (measurements in mm and whether negative or positive) must be included for form to be complete.

Please answer the following questions:
1. Any allergies? ____________________________________________________________
2. Have you ever had a reaction to a TB skin test? ________________________________
3. Any documented TB exposure within the past year? ____________________________
4. Are you pregnant at the present time? _______________________________________

PPD Administration – Step #1

Date: ______________ Site: __________ Nurse: ________________________________

PPD Reading (within 48-72 hours)

Date: ______________ Result: ______ mm Nurse: ________________________________

☐ Negative ☐ Positive Nurse Signature: ________________________________________

** A 2-step requires a minimum of one week (7 days) between the dates administered. **

PPD Administration – Step #2

Date: ______________ Site: __________ Nurse: ________________________________

PPD Reading (within 48-72 hours)

Date: ______________ Result: ______ mm Nurse: ________________________________

☐ Negative ☐ Positive Nurse Signature: ________________________________________