

**Health Sciences Immunization Program (HSIP)
 Tuberculin Skin Test Form**

Health care providers (*MD, DO, ARNP, PA, RN or other appropriate designees*) may complete this form to record a student's initial 2-step PPD skin test for the TB Screening requirement. This form may also be used to document PPD skin test(s) for renewal, if required.

Documentation must include date placed, date read, and results in millimeters (mm). PPDs must be read within 48-72 hours after placement.

Note: PPDs of a 2-step must be placed BEFORE any required live virus vaccine (Varicella, MMR) is received. Otherwise, wait 28 days after the live vaccine is given before placing PPDs.

Student last name: _____ Student first name: _____

Student ID#: _____ UW NetID: _____

<p>1st PPD:</p> <p>Date Placed: _____ Time: _____ (MM/DD/YYYY)</p> <p>Signature/Title: _____ (MD, ARNP, PA, RN)</p> <p>Facility: _____</p>	<p>Date Read: _____ Time: _____ (MM/DD/YYYY)</p> <p>Signature/Title: _____ (MD, ARNP, PA, RN)</p> <p>Facility: _____</p>
<p>PPD Result: _____mm Interpretation: <input type="checkbox"/> Negative <input type="checkbox"/> Positive (≥ 10 mm)</p>	

The second PPD test of a 2-step must be placed between 1-3 weeks after the first PPD's date read.

<p>2nd PPD:</p> <p>Date Placed: _____ Time: _____ (MM/DD/YYYY)</p> <p>Signature/Title: _____ (MD, ARNP, PA, RN)</p> <p>Facility: _____</p>	<p>Date Read: _____ Time: _____ (MM/DD/YYYY)</p> <p>Signature/Title: _____ (MD, ARNP, PA, RN)</p> <p>Facility: _____</p>
<p>PPD Result: _____mm Interpretation: <input type="checkbox"/> Negative <input type="checkbox"/> Positive (≥ 10 mm)</p>	