

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 by a practicum site.

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

Note: PPDs must be placed BEFORE any required live virus vaccines (Varicella/MMR) are received. Otherwise, wait 28 days after the live vaccine is given before placing PPDs.

Student last name: _____ Student first name: _____

Student ID#: _____ UW NetID: _____

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

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

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