



FOR USE BY OUTSIDE PROVIDERS

Midwestern University
555 31st Street
Downers Grove, IL 60515
(630) 971-6401

One Step PPD Administration Record for Midwestern University Students

STUDENT INFORMATION

Form with fields: Print Name, Student ID #, D.O.B, Phone #, Program/Year, Signature

To Be Completed By Healthcare Provider Only

This MUST be a Mantoux test with 0.1 ml of 5TU PPD tuberculin injected intradermally. TB Tine tests are NOT ACCEPTABLE. The PPD/TB results MUST indicate the date given, the date it was read 48 to 72 hours later by a health care professional, and the reading in millimeters. This screening is not valid unless all of the required information is recorded. Failure to include DATE GIVEN, DATE READ & READING IN MILLIMETERS will result in having to repeat the screening.

Step 1:

Manufacturer: Lot #: Exp. Date:

5 units (0.1cc) PPD was placed intracutaneously into R L forearm on:

By: (Date Given)

Results: mm Date Read: Read By:

REQUIRED HEALTHCARE PROVIDER INFORMATION AND CERTIFICATION

(Cannot be signed by student or non-healthcare provider)

Name (please print):

Credentials/Title:

Signature:

Phone #: Fax #:

QUESTIONS? - PLEASE CONTACT DON EVANS (630)971-6401