FOR USE BY OUTSIDE PROVIDERS



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

2 Step PPD Administration Record for Midwestern University Students

STUDENT INFORMATION		
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. THE SECOND STEP (TEST) MUST BE DONE 1-3 WEEKS AFTER THE FIRST TEST IS GIVEN.		
Step 1: Manufacturer:	Lot #: Exp. I	Date:
5 units (0.1cc) PPD was placed intracutaneously intoRL forearm on:		
By:		
(Date Given)		
Results:mm	Date Read:	Read By:
Step 2: Manufacturer:	Lot #:	Exp. Date:
5 units (0.1cc) PPD was placed intracutaneously intoRL forearm on:		
(Date Given)	By:	
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 #: <u>()</u>	
