MIDWESTERN UNIVERSITY

Student Compliance | 555 31st Street Downers Grove, IL 60515
Phone: 630-971-6401 | Student Services: 630-515-6470

FOR USE BY OUTSIDE PROVIDERS

Two Step PPD Administration Record for Midwestern University Students

Instructions:

Required fields are indicated with an asterisk (*). For questions, please contact Don Evans at 630-971-6401.

Student Information:

Print Student Name*: _____ Student ID#*: _____

Date of Birth*: _____ Phone*: _____Program/Year*: _____

Student Signature*: _____

Two Step PPD (Must 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. Date*: _____

5 units (0.1cc) PPD was placed intracutaneously into forearm*: _____R _____L

Date Given*: _____ By*: _____

Results*: _____ mm Date Read*: _____ Read by*: _____

Step 2:

Manufacturer.*: _____ Lot #*: _____ Exp. Date*: _____

5 units (0.1cc) PPD was placed intracutaneously into forearm*: _____R _____L

Date Given*: _____ By*: _____

Results*: _____ mm Date Read*: _____ Read by*: _____

Required Healthcare Provider Information and Certification (Cannot be Signed by Student or Non-Healthcare Provider)

Print Provider Name*: _____

Credentials/Title*: _____

Provider Signature*: _____

Phone*: _____ Fax*: _____