



Larkin University

College of Pharmacy

Two Step PPD Skin Test Form

Must be completed after March 15th and submitted by June 1st, 2017

Enrollment two step PPD skin test must be recent (within 6 months prior to entering the program)

Student Name (PRINT)

Date of Birth

<p>STEP ONE:</p> <p>Date baseline skin test placed: ____ / ____ / ____ Date baseline skin test read: ____ / ____ / ____ Result measurement: _____ mm Result: Positive? ____ Negative? ____</p>	<p>STEP TWO: (must be at least 7 days and no longer than 12 months from step one PPD)</p> <p>Date skin test placed: ____ / ____ / ____ Date Skin test read: ____ / ____ / ____ Result in millimeters: _____ mm Result Positive? ____ Negative? ____</p>
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If a TB skin test cannot be performed due to past positive PPD tests or BCG vaccination, a Quantiferon-TB Gold blood test is required to substitute for the two step PPD screening above.

<p>Quantiferon- TB Gold blood test (<i>laboratory results must be attached</i>).</p> <p>Date of Quantiferon- TB Gold blood test: ____ / ____ / ____ Result: Positive? ____ Negative? ____</p>

If any of the above tests return with a positive result, a chest x-ray must be performed.

<p>Chest X-Ray (<i>copy of chest x-ray must be attached</i>).</p> <p>Date of chest x-ray ____ / ____ / ____ Result Positive? ____ Negative? ____</p>
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I certify that the information above is complete and accurate to the best of my knowledge

Healthcare Provider Name (PRINT) _____ Date ____ / ____ / ____

Healthcare Provider Signature _____

Facility Name & Address
