



TB/PPD Test Results Form

Student Full Name: _____

Proof of negative TB skin test must be obtained **EVERY YEAR** and must not expire during semester clinical experience.

All fields of this form must be completed to be valid.

TURBERCULOSIS

Tuberculosis Skin Test, Mantoux, Purified Protein Derivative (PPD)

Single Step Skin Test

Date of Injection	Date of Reading (48-72 hours later)	Reading	Interpretation (Please circle one)
		mm	Positive Negative

If student has a history of a positive PPD or Bacilli Calmette-Guerin (BCG) vaccine then the following should apply:

Initial documentation for students with positive PPD must include: Most recent positive PPD, most recent chest x-ray summary, current and/or past treatment record, as well as a letter from a nurse practitioner, physician assistant, or medical doctor stating that the student is free and clear of all signs and symptoms of TB to participate in clinical activities. A note from a medical doctor must be obtained EACH YEAR for students with a positive PPD record.

**Students with positive TB skin tests must receive follow-up assessment and treatment as recommended by the Centers for Disease Control and Prevention (CDC).

Signature of nurse practitioner, physician assistant, medical doctor, and RN/LPN:

(signature)

(date)

Facility Name & Address: _____

Provider Phone #: _____

(this document must have facility information written or stamped to be valid)