



Tuberculin 2 Step Skin Test Form

Student Name: _____

Testing Location: _____

STEP 1

Date Placed: _____ Site: ☐ Right arm ☐ Left arm Time: _____

Lot# _____ Expiration date: _____

Signature (administered by): _____

☐ RN ☐ LPN ☐ Other ☐ _____

Date read (within 48-72 hours placed): _____ Time: _____

Induration (please note in mm): _____ mm

PPD (Mantoux) Test Results: ☐ Negative ☐ Positive

Signature (results read/reported by): _____

☐ RN ☐ LPN ☐ Other _____

STEP 2: Between 7-21 days after the first PPD is read, Step 2 must be administered.

Date Placed: _____ Site: ☐ Right arm ☐ Left arm Time: _____

Lot# _____ Expiration date: _____

Signature (administered by): _____

☐ RN ☐ LPN ☐ Other ☐ _____

Date read (within 48-72 hours placed): _____ Time: _____

Induration (please note in mm): _____ mm

PPD (Mantoux) Test Results: ☐ Negative ☐ Positive

Signature (results read/reported by): _____

☐ RN ☐ LPN ☐ Other _____

*If PPD results are positive, please describe additional testing and date completed: _____

(EX: chest x-ray with results or IGRA blood test with results) _____

If PPD's are not given, please bring lab results from the IGRA blood test (QuantiFERON® – TB Gold In-Tube test (QFT– GIT) or SPOT® TB test (T–Spot). This test with negative results will be accepted if PPD's are not completed.