



DREXEL UNIVERSITY

College of

# Nursing and Health Professions

## ONE-STEP PPD FORM

### STUDENT INFORMATION

Last Name:	First Name:	Middle Initial:
Drexel University ID:	DOB:	Date of Entry into Drexel:
Program (check one):	<input type="checkbox"/> ACE	<input type="checkbox"/> Co-op
	<input type="checkbox"/> CAT	<input type="checkbox"/> MSN: NP
	<input type="checkbox"/> NS/ISPP	<input type="checkbox"/> PA
	<input type="checkbox"/> MSN: Advanced Role	
	<input type="checkbox"/> HSAD	<input type="checkbox"/> DNP
	<input type="checkbox"/> COFT	<input type="checkbox"/> NUAN**
	<input type="checkbox"/> PTRS	<input type="checkbox"/> DPT
	<input type="checkbox"/> Other	

\*\*Please note that the **IGRA blood test** is required for the NUAN program.

The One-Step PPD Form should only be used to document an annual one-step PPD result.

A current PPD or yearly IGRA blood test result(s) must be on file.

### PPD Test

Date: _____ (Do not start first step on a Thursday.)	Signature: _____
Facility Name: _____	Phone Number: _____
Address: Street: _____	City: _____ State: _____

### PPD Reading

Date: _____ Read within 48-72 hours of the first PPD	Results: _____	Signature: _____
Facility Name: _____	Phone Number: _____	
Address: Street: _____	City: _____ State: _____	

OR

<b>Interferon Gamma Release Assay (IGRA)</b>  **NUAN Must complete this option.	Date Obtained: _____	T-Spot Quantiferon  (please circle)	Result:	<b><u>If Positive Result:</u></b>
			<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate	Date of Chest X-Ray: _____ Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Facility Name: _____	Phone Number: _____			
Address: Street: _____	City: _____ State: _____			