



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 and ACE Programs.

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 hours of the first PPD.) | Results: _____ | Signature: _____ |
| Facility Name: _____ | Phone Number: _____ | |
| Address: Street: _____ | City: _____ | State: _____ |

OR

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