DREXEL UNIVERSITY
College of Nursing and Health Professions

TWO-STEP PPD FORM

STUDENT INFORMATION		
Last Name:	First Name:	Middle Initial:
Drexel University ID:	DOB:	Date of Entry into Drexel:

Program *(check one)*: ☐ACE** ☐Co-op ☐CAT ☐MSN: NP ☐NS/ISPP ☐PA ☐MSN: Advanced Role ☐HSAD ☐DNP ☐COFT ☐NUAN** ☐PTRS ☐DPT ☐Other

Please note that the **IGRA blood test is required for the NUAN and ACE Programs.

First PPD Test

Date: _____ Signature: _____

(Do not start first step on a Thursday.)

Facility Name: _____ Phone Number: _____

Address: *Street:* _____ City: _____ State: _____

First PPD Reading

Date: _____ Results: _____ Signature: _____

(Read within 48 hours of the first PPD.)

Facility Name: _____ Phone Number: _____

Address: *Street:* _____ City: _____ State: _____

Second PPD Test

Date: _____ Signature: _____

(Must be done 1-3 weeks after the first PPD.)

Facility Name: _____ Phone Number: _____

Address: *Street:* _____ City: _____ State: _____

Second PPD Reading

Date: _____ Results: _____ Signature: _____

(Read within 48 hours of the second PPD.)

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: ☐ Negative ☐ Positive ☐ Indeterminate	**If *Positive* Result:** Date of Chest X-Ray: / Result: ☐ Normal ☐ Abnormal

Facility Name: _____ Phone Number: _____

Address: *Street:* _____ City: _____ State: _____