



TWO-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.

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 must complete this option	Date Obtained: _____	T-Spot Quantiferon (please circle)	Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate	If Positive Result: Date of Chest X-Ray: _____ Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
	Facility Name: _____ Phone Number: _____ Address: Street: _____ City: _____ State: _____			