



TWO-STEP PPD FORM

STUDENT INFORMATION

Last Name:	First Name:	Middle Initial:
Drexel University ID:	DOB:	Date of Entry into Drexel:
Program <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 <i>(check one):</i> <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 48-72 hours of 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 48-72 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 <i>(please circle)</i>	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: <i>Street:</i> _____ City: _____ State: _____				