



Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Program/Graduation Year \_\_\_\_\_

**TWO-STEP PPD REQUIREMENTS**

**COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.**

**2 Step PPD - Tuberculin Skin Test - BCG vaccine does not preclude the need for PPD testing or chest x-ray.**

**Timeline: PPD placed, then read 48 hours following placement.**  
**Per CDC guidelines, placement of 2nd PPD should be 1-3 weeks after first PPD is read. 2nd PPD should be read 48 hours following placement.**

1) Date given: \_\_\_\_\_ Date read: \_\_\_\_\_ Results (mm): \_\_\_\_\_  
*circle result* : pos neg

2) Date given: \_\_\_\_\_ Date read: \_\_\_\_\_ Results (mm): \_\_\_\_\_  
*circle result* : pos neg

**OR Tuberculin Blood Test**

1) Date given: \_\_\_\_\_ *Circle result* : pos neg

**IF FIRST TIME WITH A POSITIVE PPD:** Please attach copy of radiology report, and list results.

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**IF HISTORY OF A POSITIVE PPD:**

- 1) Print the TB Symptom Checklist
- 2) Take the TB Symptom Checklist to your appointment and give to your health care provider to complete

*\*Please note, depending on your site placement, a chest x-ray and/or annual TB symptom checks may also be required if you have a history of a positive PPD.*

**Licensed Health Care Provider Attestation**

By signing below, I affirm that I am a licensed health care provider. I am aware that leaving any required fields blank will result in the student being **unable to progress in his/her major** at the University of Vermont.

\_\_\_\_\_  
 Signature of **Licensed Health Care Provider**                      **Credentials**                      \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Clinic Stamp or Printed Name of Provider                      \_\_\_\_\_  
 Provider Telephone Number

**Submit Form To CastleBranch after both tests are completed.**

The information included on this form maybe released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.