



The
UNIVERSITY
of VERMONT

COLLEGE OF NURSING & HEALTH SCIENCES

Name _____
 Student ID # _____
 Date of Birth _____
 Program/Graduation Year _____
 Phone# _____
 Email _____

PPD Form

COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED

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

Date given: _____ Date read: _____ Results (mm): _____

Circle result: pos neg

OR Tuberculin Blood Test

Date given: _____ Circle Result: Pos Neg

IF FIRST TIME WITH A POSITIVE PPD: Please attach a copy of radiology report with results

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

It is MANDATORY that you submit form AND Attachments to CastleBranch

Please note, UVM Student Health will not submit your paperwork for you. You will need to pick up your form and submit it to CastleBranch.

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.