2 Step Tuberculin Skin Test
(TST/PPD/Mantoux)

Print Name: _____________________________
Please read carefully and complete the following.

I hereby request the Center for Health to administer a 2 Step Tuberculin Skin Test.
I understand that the usual positive reactions include redness, swelling, and/or itching at the site.
I understand that a strongly positive reaction may result in the development of vesicles at the site, ulceration and/or necrosis.
I understand that unless I return to have the test read in 48 to 72 hours, it is not valid and will need to be redone. I understand any test redone will require the same payment as the initial test.

I am pregnant. Y N
I have had:
- BCG Vaccine Y N
- Tuberculosis Y N
- A positive TB skin test Y N
- Any live virus vaccines in the last 6 weeks Y N
  (Such as Chicken Pox or MMR)

I am on corticosteroids. Y N
I am immunocompromised. Y N
I have chronic renal failure Y N

Step One: Signature _____________________________ Date ______________________
Step Two: Signature _____________________________ Date ______________________

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Step One
Date Test Placed _____________________________ PPD Placed _______ TU Forearm: R L
Lot # ___________________ Exp. Date _______________ MFR ________________
Signature __________________________________________

Date of Reading _______________________________ Results __________________mm
Signature __________________________________________

1. Place on volar forearm.
2. Inject intradermally (wheal).
3. Read induration 48-72 hours after test placed. (Must be read by Nurse/Physician)
4. Record results as size of induration in millimeters. (e.g. no/negative induration = 0mm)

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Step Two (to be completed no less than 7 days and no longer than 30 days after Step One)
Date Test Placed _____________________________ PPD Placed _______ TU Forearm: R L
Lot # ___________________ Exp. Date _______________ MFR ________________
Signature __________________________________________

Date of Reading _______________________________ Results __________________mm
Signature __________________________________________

1. Place on volar forearm.
2. Inject intradermally (wheal).
3. Read induration 48-72 hours after test placed. (Must be read by Nurse/Physician)
4. Record results as size of induration in millimeters. (e.g. no/negative induration = 0mm)

Note: All positive results must be seen in the Felician Center for Health.