

**UPPER BUCKS COUNTY TECHNICAL SCHOOL
HEALTH CARE CAREERS PROGRAM
BASELINE TWO-STEP PPD (MANTOUX)**

Please Print Clearly:

Facility Name or Physician's Office: _____ Phone: _____

Facility or Physician's Office Address: _____

Student Name: _____ Date: _____

D.O.B: _____

HAVE YOU PREVIOUSLY HAD A POSITIVE RESULT FROM A PPD SKIN TEST: YES No
(IF YES, A CHEST X-RAY WITHIN THE PAST 5 YEARS IS REQUIRED – ATTACH REPORT)

UNLESS DOCUMENTATION CAN BE PROVIDED TO INDICATE A NEGATIVE BASELINE TWO-STEP PPD WITHIN THE PAST TWELVE MONTHS, A BASELINE TWO-STEP PPD IS REQUIRED.

#1 PPD skin test/annual PPD skin test given:	Site: Left: <input type="checkbox"/> Right: <input type="checkbox"/>
Manufacturer:	Administered by:
Lot #:	(Full signature)
Expiration Date:	Date/time:
<p>PPD READINGS: 48-72 HOURS AFTER ADMINISTRATION M – T – W – TH – F – S (Circle day/s for reading)</p> <p>PPD skin test result _____ mm induration</p> <p>NOTE—Positive test: Must be referred to a physician since a full chest X-ray is required.</p> <p>_____</p> <p style="text-align: center;">Full Signature of PPD Reader Date/time</p>	

#2 PPD skin test/annual PPD skin test given:	Site: Left: <input type="checkbox"/> Right: <input type="checkbox"/>
Manufacturer:	Administered by:
Lot #:	(Full signature)
Expiration Date:	Date/time:
<p>PPD READINGS: 48-72 HOURS AFTER ADMINISTRATION M – T – W – TH – F – S (Circle day/s for reading)</p> <p>PPD skin test result _____ mm induration</p> <p>NOTE—Positive test: Must be referred to a physician since a full chest X-ray is required.</p> <p>_____</p> <p style="text-align: center;">Full Signature of PPD Reader Date/time</p>	