



# MIDWESTERN UNIVERSITY

Office of Student Services | 19555 North 59th Avenue Glendale, AZ 85308  
Phone: 623-572-3210  
**FOR USE BY OUTSIDE PROVIDERS**

## Two Step PPD Administration Record for Midwestern University Students

### Instructions:

Required fields are indicated with an asterisk (\*). For questions, please contact Kamrie Wolf at 623-537-6231 or [kwolf@midwestern.edu](mailto:kwolf@midwestern.edu).

### Student Information:

Print Student Name\*: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Phone\*: \_\_\_\_\_ Program/Year\*: \_\_\_\_\_

Student Signature\*: \_\_\_\_\_

### Two Step PPD (Must be Completed by Healthcare Provider Only):

This **MUST** be a **Mantoux** test with 0.1 ml of 5TU PPD tuberculin injected **intradermally**. TB Tine tests are **NOT ACCEPTABLE**. The PPD/TB results **MUST** indicate the **date given, the date it was read 48 to 72 hours later by a health care professional, and the reading in millimeters**. This screening is not valid unless all of the required information is recorded.

**The second step (test) must be done 1-3 weeks after the first test is given.**

#### Step 1:

Manufacturer.\*: \_\_\_\_\_ Lot #: \_\_\_\_\_ Exp. Date\*: \_\_\_\_\_

5 units (0.1cc) PPD was placed intracutaneously into forearm\*: \_\_\_\_\_ R \_\_\_\_\_ L

Date Given\*: \_\_\_\_\_ By\*: \_\_\_\_\_

Results\*: \_\_\_\_\_ mm Date Read\*: \_\_\_\_\_ Read by\*: \_\_\_\_\_

#### Step 2:

Manufacturer.\*: \_\_\_\_\_ Lot #: \_\_\_\_\_ Exp. Date\*: \_\_\_\_\_

5 units (0.1cc) PPD was placed intracutaneously into forearm\*: \_\_\_\_\_ R \_\_\_\_\_ L

Date Given\*: \_\_\_\_\_ By\*: \_\_\_\_\_

Results\*: \_\_\_\_\_ mm Date Read\*: \_\_\_\_\_ Read by\*: \_\_\_\_\_

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### Required Healthcare Provider Information and Certification (Cannot be Signed by Student or Non-Healthcare Provider)

Print Provider Name\*: \_\_\_\_\_

Credentials/Title\*: \_\_\_\_\_

Provider Signature\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Fax\*: \_\_\_\_\_