



Larkin University
College of Pharmacy

Two Step PPD Skin Test Form

**FORM IS DUE AT ENROLLMENT BETWEEN MARCH 8th – JUNE 30th AND
THE 2PD PROFESSIONAL YEAR DURING APRIL ON CAMPUS CLINIC**

Enrollment PPD skin test must be during date range noted above and requires both step one and step two. 2PD Professional Year PDD skin test requires only step one.

Student Name (PRINT) _____

Date of Birth _____

STEP ONE:

Date baseline skin test read: ____ / ____ / ____

Result: Positive? ____ Negative? ____

STEP TWO: (must be at least 7 days from step one PPD)

Date Skin test read: ____ / ____ / ____

Result Positive? ____ Negative? ____

If a TB skin test cannot be performed due to past positive PPD tests or BCG vaccination, a Quantiferon-TB Gold blood test is required to substitute for the two step PPD screening above. If a Quantiferon – TB Gold test is obtained following a positive PPD, it is considered valid for 1 year and must be repeated annually.

Quantiferon- TB Gold blood test (*laboratory results must be attached*).

Date of Quantiferon- TB Gold blood test: ____ / ____ / ____

Result: Positive? ____ Negative? ____

If any of the above tests return with a positive result, a chest x-ray must be performed. If a CXR is obtained in lieu of a PPD, it is considered valid for 3 years. An annual TB clearance letter needs to state no signs and symptoms of tuberculosis.

Chest X-Ray (*copy of chest x-ray must be attached*).

Date of chest x-ray ____ / ____ / ____

Result Positive? ____ Negative? ____

I certify that the information above is complete and accurate to the best of my knowledge

Healthcare Provider Name (PRINT) _____ Date ____ / ____ / ____

Healthcare Provider Signature _____

Facility Name & Address _____