

**WESTMORELAND COUNTY COMMUNITY COLLEGE
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>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>Full Signature of PPD Reader Date/time</p>			

Please return this form to: Becky Lauffer, RN, BSN
Coordinator, Emergency Medical Services and Health Care Continuing Education Programs
Westmoreland County Community College
145 Pavilion Lane
Youngwood, PA 15697-1895
Phone: (724) 925-4082 – FAX: (724) 925-4294

WESTMORELAND COUNTY COMMUNITY COLLEGE

SUBSEQUENT PPD

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)

IF YOU HAVE NOT PREVIOUSLY HAD A POSITIVE PPD SKIN TEST AND YOU CAN PROVIDE DOCUMENTATION OF A TWO-STEP PPD WITHIN THE PAST TWELVE MONTHS, THIS FORM CAN BE USED FOR A SUBSEQUENT ANNUAL PPD REPORT.

Please Note: You must also submit the Baseline Two-Step PPD results on the Baseline Two-Step PPD form.

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>Full Signature of PPD Reader Date/time</p>			

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