

FELICIAN UNIVERSITY

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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
<u>I am on corticosteroids.</u>	Y	N	Tuberculosis	Y	N
			A positive TB skin test	Y	N
I am immunocompromised.	Y	N	Any live virus vaccines in the last 6 weeks	Y	N
			(Such as Chicken Pox or MMR)		
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