

MOREHOUSE SCHOOL OF MEDICINE
Student and Employee Wellness Center
1513 E. Cleveland Avenue, Bldg. 500-B
East Point, Georgia 30344
404-756-1241

PPD INTERPRETATIVE FORM

Print Name_____

Signature_____

Date_____

Part of the Student Health Screen is a PPD Tuberculin Skin Test. It is **MANDATORY** for this test to be read and documented within 48--72 hours. If the test is not read at the appropriate time, it will have to be repeated within 7-14 days.

PPD Skin Test given: _____
Date/ time

Healthcare Provider Signature

5SU/PPD 0.1 ml ID given in _____Forearm

Lot # _____

Expiration date_____

Record Results in mm (measure induration, not erythema)

Results_____mm

Date read: _____ Time_____

Healthcare Provider Signature

Title

Skin test should be read on_____ (48hrs)

or_____ (72hrs)

CXR Referral

QuantiFERON Blood Test