



Student Health Services
 Student Faculty Center, Suite 322
 3340 N. Broad Street
 Philadelphia, PA 19140

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studenthealth.temple.edu

PPD Screening Form

Name: _____ TUID: _____

PPD Given: _____ Lot #: _____ Expiration: _____
 (Date / Time)

Site: L forearm R forearm Manufacturer: Sanofi Pasteur

 (Type or Print Name and Title)

 (Clinician Signature)

Please check one:

Baseline Follow Up Annual Exposure (Baseline) Exposure (12 Week)

PPD MUST BE READ 48 – 72 HOURS AFTER PLACEMENT.

Document upload to Patient Health Portal:

<https://studenthealth.temple.edu>

Results: _____
 (MM only)

Date / Time Read: _____

Read By: _____
 (Print or Type Name and Title)

 (Clinician Signature)