



TEMPLE UNIVERSITY®

Student Health Services

PPD Screening Form

Name: _____

TU ID: _____

PPD Given: _____
(Date)

Lot #: _____

L R Forearm
(Circle)

Expiration: _____

(Name and Title)

(Signature)

Please check one:

- Baseline Follow Up (2 Step) Annual Exposure (Baseline) Exposure (12 week)

PPD MUST BE READ 48-72 HOURS AFTER PLACEMENT.

Please return this form to:

Student Health Services
Student Faculty Center LB 43
3340 N. Broad Street
Philadelphia, PA 19140

OR
FAX (215)707-2708

OR
DOCUMENT UPLOAD TO Patient Health Portal
at <https://studenthealth.temple.edu/>

Results: _____
(MM only)

Date Read: _____

Read By: _____
(Print Name and Title)

(Signature)