

**2 STEP - PPD TESTING REPORT**

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Step 1: Mantoux/PPD Test Date:** \_\_\_\_\_

Administered by: \_\_\_\_\_

Dose & Location: 0.1 mL given intradermally on right / left forearm

Manufacturer: \_\_\_\_\_ Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Mantoux/PPD Test Read Date:** \_\_\_\_\_

Induration was \_\_\_\_\_ mm, Erythema was \_\_\_\_\_ mm      **Finding:**   ☐ Positive   ☐ Negative

**PPD Read by:**

\_\_\_\_\_  
(Name/ MD, DO, PA)

\_\_\_\_\_  
(License #/Stamp)

\_\_\_\_\_  
(Signature)

**Step 2: Mantoux/PPD Test Date:** \_\_\_\_\_

Administered by: \_\_\_\_\_

Dose & Location: 0.1 mL given intradermally on right / left forearm

Manufacturer: \_\_\_\_\_ Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Step 2 Mantoux/PPD Test Read Date:** \_\_\_\_\_

Induration was \_\_\_\_\_ mm, Erythema was \_\_\_\_\_ mm      **Finding:**   ☐ Positive   ☐ Negative

**Step 2 PPD Read by:**

\_\_\_\_\_  
(Name/ MD, DO, PA)

\_\_\_\_\_  
(License #/Stamp)

\_\_\_\_\_  
(Signature)