

MOLLOY UNIVERSITY
THE BARBARA H. HAGAN SCHOOL OF NURSING & HEALTH SCIENCES
PPD FORM

Molloy University – Barbara H. Hagan School of Nursing & Health Sciences
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1000 Hempstead Ave., Rockville Centre, New York 11571-5002

Last Name _____ First Name _____

ID# _____ Maiden Name _____

Date of Birth _____ Gender _____

Address

_____ Phone _____

- **ONE OF THE FOLLOWING MUST BE COMPLETED WITHIN THE PAST 12 MONTHS. If positive results, submit physician clearance on letterhead. A TWO STEP PPD is required for first time clinical students only.**

1. PPD – Tuberculin Test (PPD intradermal only) [MUST BE READ 48 – 72 HOURS LATER]

Date Implanted: _____ Date Read: _____ Result: _____

2nd PPD IS REQUIRED AND SHOULD BE IMPLANTED WITHIN 364 DAYS OF THE 1st PPD

Date Implanted: _____ Date Read: _____ Result: _____

OR

2. QuantiFERON TB Gold Result: _____ Date: _____ Lab Sheet Must Be Attached

3. T-Spot Result: _____ Date: _____

Lab Sheet Must Be Attached

POSITIVE FINDINGS OF ALL TUBERCULOSIS TESTS REQUIRE A NEGATIVE CHEST XRAY REPORT. XRAY REPORT **MUST BE ATTACHED:**

Date: _____ Result: _____

Name of Health Care Provider: _____

Address _____

_____ Phone Number _____

STAMP IS REQUIRED