

The City College  
of New York

SCHOOL OF EDUCATION  
**Office of Clinical Practice**  
*Fieldwork & Student Teaching*

160 CONVENT AVENUE - NAC BUILDING - ROOM 6/207A, NEW YORK, NY 10031  
Tel: (212) 650-6915

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**TUBERCULIN TEST FORM**

Student ID \_\_\_\_\_ Undergraduate \_\_\_ Graduate \_\_\_ Student Teacher \_\_\_

Date: \_\_\_\_\_

This is to certify that:

Mr. /Ms. \_\_\_\_\_  
*Last, (please print) First*

had a PPD (Tuberculin) Test placed on \_\_\_\_\_ and read on \_\_\_\_\_  
Date Date

**Results:** Negative \_\_\_\_\_ Positive \_\_\_\_\_

If positive, a chest x-ray performed on \_\_\_\_\_ revealed no active disease.  
Date

**Form must be stamped by physician's office**

**Printed Name of Physician** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State Zip Code** \_\_\_\_\_

**Signature of Physician** \_\_\_\_\_

**THIS FORM WILL NOT BE ACCEPTED BY THE  
OFFICE OF CLINICAL PRACTICE WITHOUT  
COMPLETE INFORMATION**