

Hawthorne Cedar Knolls UFSD
226 Linda Avenue
Hawthorne, NY 10532
Phone (914)749-2936 Fax (914)749-2967

CERTIFICATION OF TUBERCULIN TEST

All new students are required to show proof of a tuberculin test signed by a registered medical practitioner. This certificate* must be returned to: the school nurse. If the student is in school the result can be noted and faxed to the medical practitioner by the school nurse. .

*A physician's certificate, in lieu of completion of this form, will also be accepted.

I certify that _____, has received a tuberculin test
on _____. The results of this test were negative_____ or
positive_____.

Note: A positive tuberculin test result necessitates a chest x-ray and documentation of any necessary follow up treatment..

Physician's Remarks (Please Print):

Signature and Stamp