College of Staten Island
College Health Center
2800 Victory Blvd.
Bldg. 1C, Room 112
718-982-3045
Staten Island

Department of Education
Student Teaching

____________________________________________________________________   ___________________  _____________
STUDENT’S NAME                     SS#     DATE

PPD Test

Administered __________/_________/__________
     MO       DATE               YEAR

Date Read __________/_________/__________
     MO       DATE               YEAR

Results  □  □  mm

If Positive, date of chest x-ray: __________/_________/__________
     MO       DATE               YEAR

Results of chest x-ray: ____________________________

____________________________________________________________________
HEALTH CARE PROVIDER’S SIGNATURE                                                 DATE

Affix Health Care Provider's STAMP here:

CHC 3335 (6/05)