

**HUGUENOT STREET COOPERATIVE  
NURSERY SCHOOL  
TB TINE TEST FOR PARTICIPATING PARENTS**

This is to certify that \_\_\_\_\_ has received his/her TB Tine  
Test on (date)\_\_\_\_\_.

Results: \_\_\_\_\_Negative \_\_\_\_\_Positive

Date \_\_\_\_\_ Doctor \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_