

TO WHOM IT MAY CONCERN:

NAME _____

DOB _____

The above noted person has been evaluated at this facility and the following information has been determined:

_____ A tuberculin skin test (TST) is not indicated at this time due to the absence of any symptoms suggestive of active tuberculosis (TB), any risk factors for developing TB, or any known recent contact or exposure to active TB.

_____ The individual is either currently receiving or has completed adequate medication for a positive PPD. A chest x-ray is not indicated at this time and they have no symptoms suggestive of active TB disease.

_____ The individual had a chest x-ray on _____ that showed no evidence of active TB disease. As a result of this x-ray, and the absence of any symptoms suggestive of active TB, a repeat film is not indicated at this time.

_____ Other: _____

Signature of Health Department Official _____

Date _____