

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

To Whom It May Concern:

This letter is to document that \_\_\_\_\_ is free of communicable tuberculosis disease. He/she is free to participate in any activity including work, school, adoption, foster care, etc.

- At this time there is no need for any further testing or treatment for this patient.
  - 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, no further follow up is necessary at this time.
  - The individual is either currently receiving or has completed adequate medication for a positive TB test. A chest x-ray is not indicated at this time and they have no symptoms suggestive of active TB disease.
  - This patient will need to continue to follow-up at this clinic for \_\_\_\_ months.
  - Other: \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Department Official

Date \_\_\_\_\_