

Date: _____

To Whom It May Concern:

This letter is to document that _____ is free of communicable tuberculosis disease. They are 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 ____/____/____