

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 \_\_\_\_\_