

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Title/Position]  
[Institution/Organization Name]  
[Institution/Organization Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to confirm that [Patient's Name], born on [Date of Birth], has undergone a tuberculosis (TB) skin test as part of the required health clearance process.

[Patient's Name] was tested on [Test Date] and the results were reviewed on [Review Date]. The test indicated [negative/positive] results, confirming that the patient does [not] have active tuberculosis.

This letter serves to verify that [Patient's Name] is cleared from TB and can participate in [specific program, activity, or school requirement] without any health risks associated with tuberculosis.

If you have any questions or need further information, please feel free to contact me at [Phone Number] or [Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Title/Position]  
[Your Organization]