

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

[Recipient's Name]
[Recipient's Title/Organization]
[Recipient's 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) test as part of their health clearance requirements.

The results of the TB test conducted on [Test Date] were as follows:

- Test Type: [Mantoux Test / IGRA (Blood Test) / Other]
- Result: [Positive/Negative]
- If positive, please indicate follow-up actions taken (e.g., chest X-ray, treatment plan, etc.)

Based on these results, [Patient's Name] is [cleared/not cleared] for [specific activities, job, school, etc.] as it pertains to TB health regulations.

If you have any questions or require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

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