

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

[Recipient's Name]  
[Recipient's Title]  
[Immigration Office/Agency Name]  
[Office Address]  
[City, State, Zip Code]

Subject: Tuberculosis Test Results for Immigration

Dear [Recipient's Name],

I am writing to formally submit my tuberculosis (TB) test results as required for my immigration application.

Patient Information:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Case/File Number: [Your Immigration Case/File Number]

Test Information:

- Test Date: [Date of TB Test]
- Test Type: [Type of TB Test (e.g., Skin Test, Blood Test)]
- Test Result: [Result - Positive or Negative]

Results Summary:

[If applicable, include details regarding follow-up tests or treatments if results were positive.]

Please find attached the official documentation of my TB test results from [Testing Facility Name]. Should you require any further information or clarification, feel free to contact me at the above phone number or email address.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Optional: Your Immigration Case/File Number]

Attachments: TB Test Result Document