

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Employer's Name]  
[Company's Name]  
[Company's Address]  
[City, State, Zip Code]

Dear [Employer's Name],

I am writing to confirm that I have undergone a tuberculosis (TB) screening as part of the employment verification process for the position of [Job Title] at [Company's Name].

The TB test was conducted on [Date of Test] at [Name of Facility/Clinic], and the results are as follows:

- **\*\*Test Type\*\***: [Mantoux/IGRA]
- **\*\*Results\*\***: [Negative/Positive]
- **\*\*Date of Result\*\***: [Date of Result]

I appreciate your understanding that this information is confidential and will be used solely for the purpose of employment verification. Please feel free to contact me if any further information is required.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]