

[Your Name]  
[Your Title/Position]  
[Your Organization Name]  
[Organization Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

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

Dear [Recipient Name],

RE: Tuberculosis (TB) Testing Confirmation for Foster Care Application

I am writing to confirm that [Applicant's Name] has undergone tuberculosis (TB) testing as part of the requirements for their foster care application. The details of the test are as follows:

- \*\*Test Type:\*\* [Mantoux Tuberculin Skin Test or QuantiFERON Gold Test]
- \*\*Date of Test:\*\* [Date of Testing]
- \*\*Test Result:\*\* [Positive/Negative]
- \*\*Date of Result:\*\* [Date Results Were Received]

If any further information or documentation is required, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

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