

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Department/Agency Name]  
[Address]  
[City, State, Zip Code]  
Subject: Tuberculosis Testing Results for Government Application  
Dear [Recipient Name],  
I am writing to provide the results of my recent tuberculosis (TB) testing as required for my government application.  
\*\*Patient Information:\*\*  
Name: [Your Full Name]  
Date of Birth: [Your Date of Birth]  
Testing Date: [Date of TB Test]  
Testing Facility: [Name and Address of Testing Facility]  
\*\*Test Results:\*\*  
Type of Test: [Mantoux Tuberculin Skin Test / QuantiFERON Gold / etc.]  
Result: [Positive/Negative]  
If positive, further evaluation was conducted: [Yes/No]  
Date of Evaluation: [Date of Evaluation, if applicable]  
Results of Evaluation: [e.g., Chest X-ray results, etc.]  
\*\*Healthcare Provider Information:\*\*  
Provider Name: [Doctor's Name]  
Facility: [Provider's Facility Name]  
Contact Number: [Provider's Contact Number]  
Please feel free to contact me if you require any additional information or documentation.  
Thank you for your attention to this matter.  
Sincerely,  
[Your Name]  
[Your Signature (if sending a hard copy)]