

[Your Hospital/Clinic Letterhead]

[Date]

[Recipient's Name]

[Recipient's Position]

[Recipient's Institution/Organization]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Tuberculosis Testing Requirement for Healthcare Professionals

I hope this letter finds you well. As part of our commitment to maintaining a safe and healthy environment for both patients and staff, we require all healthcare professionals to undergo tuberculosis (TB) testing on an annual basis.

The TB test should be performed at your earliest convenience and results submitted to the Human Resources Department by [deadline date].

Acceptable tests include:

- Tuberculin Skin Test (TST)

- QuantiFERON-TB Gold test

Please ensure that the test is administered and documented by a licensed healthcare provider. If you have any questions or require further assistance, do not hesitate to reach out to our Infection Control Department at [phone number] or [email address].

Thank you for your cooperation in this important matter.

Sincerely,

[Your Name]

[Your Position]

[Your Hospital/Clinic Name]

[Contact Information]