

[Your Name]
[Your Title/Position]
[Your Clinic/Hospital Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]
[Recipient Name]
[Recipient Title/Position, if known]
[Recipient Organization, if known]
[Address, if known]
[City, State, Zip Code, if known]

Dear [Recipient Name or "To Whom It May Concern"],
I am writing to confirm that [Patient's Full Name], [Date of Birth], has undergone tuberculin skin testing (TST) as part of their medical evaluation for travel requirements.

The TST was administered on [Date of Administration] and read on [Date of Reading]. The results were as follows:

- ****Test Result:**** [Positive/Negative]
- ****Interpretation:**** [Interpretation details, e.g., "Negative result indicates no current infection."]

[Patient's Full Name] is free of any active tuberculosis disease and is fit to travel. Should you require further information or medical records, please feel free to contact my office.

Thank you for your attention to this matter.

Sincerely,

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