

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[University Name]
[Office of Admissions/Health Services]
[University Address]
[City, State, Zip Code]

Dear [Admissions Officer/Health Services Coordinator],
I am writing to submit my Tuberculosis (TB) Testing results as part of my enrollment requirements for [University Name] for the [academic year/semester].

As required, I have undergone the TB test on [date of test] at [name of testing facility/doctor's office]. The results are as follows:

- Test Type: [Mantoux Tuberculin Skin Test/Blood Test (IGRA)]
- Date of Administration: [date]
- Date of Reading: [date]
- Result: [Positive/Negative]
- Additional Notes: [any relevant information, e.g., further medical evaluation, treatment if positive]

Please find the attached documentation from my healthcare provider confirming these results. I understand the importance of maintaining health and safety on campus and am committed to complying with all health guidelines.

If you need any further information or additional documentation, please do not hesitate to contact me.

Thank you for your attention to this matter. I look forward to your confirmation of my enrollment.

Sincerely,

[Your Name]
[Student ID (if applicable)]