

[Your Organization's Letterhead]

[Date]

[Volunteer's Name]

[Volunteer's Address]

[City, State, Zip Code]

Dear [Volunteer's Name],

We are pleased to inform you that as part of our volunteer program requirements, you are required to undergo a Tuberculosis (TB) test. This is a standard procedure to ensure the safety and health of all participants in our program.

Please find the details below:

****Test Requirement:**** Tuberculosis Test

****Type of Test:**** [e.g., TB Skin Test, IGRA Blood Test]

****Deadline for Submission:**** [Date]

****Where to Get Tested:**** [Testing Facility/Clinic Name & Address]

Once you've completed the test, please provide us with a copy of your results. If you have any questions or need assistance in setting up your appointment, feel free to reach out to us at [Your Contact Information]. Thank you for your cooperation and commitment to maintaining a safe environment for everyone involved in our program.

Best regards,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]