

[Your Company Letterhead]

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Dear [Employee Name],

Subject: Tuberculosis (TB) Testing Requirement

In our ongoing commitment to workplace safety and health, we are implementing a routine TB screening process for all employees. This procedure is in accordance with [insert relevant health guidelines or regulations].

We kindly ask you to schedule a tuberculosis skin test (TST) at your convenience. The test can be conducted at [insert location or name of health facility]. Please ensure that you complete the test by [insert deadline].

Once you receive your results, please submit a copy to [insert contact person's name and title] in the HR department. If you have any questions or concerns about the testing process, feel free to reach out to [insert contact information].

Thank you for your cooperation in helping us maintain a safe and healthy work environment.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Contact Information]