



Thomas O. Forslund, Director

Governor Matthew H. Mead

Date \_\_\_\_\_

To whom it may concern:

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Date of birth \_\_\_\_\_

The above patient was diagnosed with active tuberculosis disease on \_\_\_\_\_.

Therapy was completed as described below:

Start date \_\_\_\_\_

End date \_\_\_\_\_

Medications:

- Isoniazid (INH)
- Rifampin (RIF)
- Ethanbutol (EMB)
- Pyrazinamide (PZA)
- Others \_\_\_\_\_

Prescribing doctor \_\_\_\_\_

Further TST or IGRA testing is unnecessary as they would be expected to remain positive throughout life. Any future screening should be based upon symptoms or CXR. Any concerns in regard to the above information may be addressed by our agency or the physician.

Clinic/Facility Information

Nurse/Clinician signature \_\_\_\_\_

Date \_\_\_\_\_