



Thomas O. Forslund, Director

Governor Matthew H. Mead

Date _____

To whom it may concern:

Name (last) _____ (first) _____ Date of birth _____

The above patient was screened for tuberculosis with the following results:

Screening:

Date _____

- Tuberculin skin test, _____ mm
 Positive IGRA blood test

Chest x-ray:

Date _____

- Normal
 Other (describe) _____

Because there was no evidence of active disease, treatment for tuberculosis infection was completed as described below:

Start date _____

End date _____ (or discontinued, reason _____)

Medications:

- Isoniazid (INH)
 Rifampin (RIF)
 Rifapentine (RPT)

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 _____