



Stephan Johnson, Director

Governor Mark Gordon

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.

<p>Clinic/Facility Information</p>
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Nurse/Clinician signature _____

Date _____