



Stefan Johansson, Director

Governor Mark Gordon

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)

Name of 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 \_\_\_\_\_