

**REPORT OF TUBERCULOSIS SCREENING**

DATE \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

**The above named individual has been evaluated by \_\_\_\_\_.**  
(Name of health dept/facility)

\_\_\_\_\_ A tuberculin skin test (PPD) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

\_\_\_\_\_ The individual has a history of a positive tuberculin skin test (latent TB infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

\_\_\_\_\_ The individual either is currently receiving or has completed adequate medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

\_\_\_\_\_ The individual had a chest x-ray on \_\_\_\_\_ that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active tuberculosis disease, a repeat film is not indicated at this time.

**Based on the available information, the individual can be considered free of tuberculosis in a communicable form.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(MD or Health Department Official)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
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