

Latent Tuberculosis Completion of Treatment Letter

Date: _____

To Whom It May Concern:

_____ received a Mantoux tuberculin test/IGRA (circle) on _____. A positive test result of _____ mm/, or a _____ IGRA was observed on _____.

A chest x-ray performed on _____ was negative with no evidence of active tuberculosis disease.

Since it was determined that the skin test was positive with no evidence of active disease, a course of _____ as preventative antituberculosis treatment was initiated on _____ and completed on _____.

No future tuberculin skin tests should be necessary as it would be expected to be a positive reaction. Any concerns in regard to the above information may be addressed by our office or their physician.

Sincerely,

Physician name and license number

