Negative Diagnosis Form (2001A-TB-000)

Health Director Name

Street Address

City, Virginia ZIP code

Per your examination request, I have seen [*Patient Name*], who resides at [*Patient’s Full*

*Address*], and have rendered a thorough examination for tuberculosis disease.

[Documentation of Medical and Laboratory Tests and Other Examination Procedures

Performed on This Patient.]

Given the above findings, it is my conclusion that [*Patient Name*] does not have active tuberculosis disease.

\_\_\_\_\_ It is my diagnosis that [*Patient Name*] has Latent TB Infection (LTBI).

\_\_\_\_\_ It is my diagnosis that [*Patient Name*] has disease due to Non-tuberculous mycobacteria (NTM).

\_\_\_\_\_ [*Other Diagnosis*]

Dated on [*Date*]

[Signature and Printed Name of Examining Physician]

[Physician Address]

[Physician Telephone Number]