TB Notice of Discharge Letter [2001A-TB-005]

Health Director Name

Health Department Address

City, VA ZIP Code

Per the regulations set forth by the State Board of Health, I am notifying the health department that [*Patient Name*] is due to be discharged from [*Hospital Name or Name of Medical Facility*] on [*Intended Discharge Date*].

While [*Patient Name*] is currently undergoing treatment for active tuberculosis disease, tuberculosis treatment was not the reason for this hospitalization. The tuberculosis treatment plan for [*Patient Name*] is on file and will be submitted upon request.

Dated on [*Date*]

[Signature and Printed Name of Treating Physician or Head of Medical Facility]

[*Address*]

[*Telephone Number*]