### Forms for Health Directors: Examination Request Letter

*Patient Name*

*Street Address*

*City, Virginia ZIP code*

Mr./Ms./Mrs. [*Patient Name*]:

This is to inform you that I have been notified by [*Physician Name*]—as required by state law—that you, [*Patient Name*] of [*City/Town*], Virginia [*ZIP Code*] have been diagnosed with [*Active/Suspected TB Disease*] as confirmed by [*Basis for Suspicion: Medical Information Such As Positive Sputum Smear With Date; Abnormal X-Ray; Etc*.].

The [*City/Town/District*] Department of Health has been cooperating with your physician to develop and continue a treatment plan for your disease. You have been educated and counseled about the medical need to be examined by [*Physician Name; Documentation of Counseling and Education Efforts*] and about the medical consequences of not being examined.

As tuberculosis is a communicable disease, you may pose a substantial risk to the health of others. Should you have active tuberculosis disease, the consequences of not pursuing treatment may include drug resistance, continued transmission of *M. tuberculosis*, potentially increasing organ damage, and death.

This letter constitutes a request for your examination and outlines the legal consequences of your failure to comply. Under the provision of Section 32.1-50(A) of the *Code of Virginia*, you are hereby requested to report to [*Physician Name*] at [*Physician Address*] on [*Date and Time*] for a thorough examination. [*Detail Period Of Time During Which This Order Is In Effect*].

Should you be unable or unwilling to comply with this examination request, a counseling order and/or an outpatient treatment order may be issued, requiring you to report for counseling and treatment.

Please contact this local health department office with any questions you may have.

Dated at [*City/Town*], Virginia on [*Date*]

[*Signature and Printed Name of the Local Health Director*]

[*Title*]

[*City/Town*], Virginia [*ZIP code*]