

(Replace with your own letterhead)

Patient Name: _____

Date: _____

Following a TB Risk Assessment, you have been found to be low risk. Due to the national shortage of tuberculin PPD antigens this health department is unable to provide TB testing for you at this time. You will be notified when the shortage is resolved to return for testing. CDC is working diligently to resolve this shortage.

We appreciate your cooperation in this important matter.

Signature of Local Health Department Official