Date: [Insert Date]

Tuberculosis (TB) Screening Clearance

Food Handler Medical Clearance Letter

To Whom It May Concern,

This letter serves to certify that **[Applicant Name]**, date of birth **[DOB]**, has undergone screening for Tuberculosis (TB) in accordance with local public health requirements for food service workers.

Screening Details:

- **Screening Method:** [TB Skin Test / IGRA Blood Test / Chest X-Ray]
- **Date of Test:** [Insert Date]
- **Results:** [Negative / Normal]

Based on the screening results and a clinical evaluation, the individual named above is found to be free of active infectious tuberculosis. They are medically cleared to work as a food handler and do not pose a health risk to the public regarding TB transmission.

This clearance is valid until: **[Expiration Date]**

Sincerely,

[Signature of Healthcare Provider]
[Printed Name of Healthcare Provider]
[Title/Credentials]
[Clinic/Facility Name]
[Phone Number]