

Date:

Dear Mr./Mrs. _____:

I evaluated you for tuberculosis (TB) because you applied to adjust your status to a permanent U.S. resident. The TB evaluation is complete, and *you have a diagnosis of latent TB infection (LTBI)*.

I recommend *you receive LTBI treatment*. Please refer to the following websites for additional information for you and your provider regarding LTBI:

- Centers for Disease Control and Prevention
<https://www.cdc.gov/tb/publications/ltbi/ltbiresources.htm>
- California Department of Public Health
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-LTBI-Treatment.aspx>
- Alameda County Public Health Department
<http://www.acphd.org/media/461199/tb-providers-guide.pdf>

Sincerely,

Dr. _____