

Date:

Dear Mr./Mrs. _____:

I evaluated you for tuberculosis (TB) because you applied to adjust your status to a permanent U.S. resident. At present, the TB evaluation is not complete, and I am unable to sign off on your evaluation on the I-693 form.

To complete your TB evaluation, I am referring you to the Alameda County Public Health Department (ACPHD) TB Control Program. ACPHD's TB Control Program will help coordinate your care to ensure you have completed the TB evaluation.

If you have any questions, then please contact ACPHD TB Control Program at (510) 667-3096.

Sincerely,

Dr. _____