



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

To whom it may concern:

The patient \_\_\_\_\_ (last name, first name) \_\_\_\_/\_\_\_\_/\_\_\_\_ (DOB) is currently under my care for the treatment of active tuberculosis. I plan to treat him/her until cure and have based my diagnosis on the following: (Check all that apply.)

- Positive tuberculin skin test (using the Mantoux method) with a reading of \_\_\_\_\_ mm.  
Date read: \_\_\_\_\_
- Signs and symptoms consistent with active TB. (Check all that apply.)
  - Productive cough lasting 3 or more weeks
  - Hoarseness lasting 3 or more weeks
  - Recent unplanned weight loss
  - Fever lasting more than 1 week
  - "Nightsweats" lasting more than 1 week
  - Other: \_\_\_\_\_

- Chest radiograph consistent with active TB disease.  
Date: \_\_\_\_\_

Results: \_\_\_\_\_  
\_\_\_\_\_

- Pathology consistent with active TB.  
Date: \_\_\_\_\_

Test type and results: \_\_\_\_\_  
\_\_\_\_\_

- MTD or other NAA test  
Date: \_\_\_\_\_

Test type and results: \_\_\_\_\_  
\_\_\_\_\_

- Other medical/clinical evidence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Physician's signature and office stamp)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(Physician's phone number)