

DAVID Y. IGE  
GOVERNOR OF HAWAII



VIRGINIA PRESSLER, M.D.  
DIRECTOR OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

In reply, please refer to:  
File:

March 16, 2018

Person Name & Address

This is your certificate of the tuberculosis (TB) examination which attests that you are free of communicable TB at this time. This certificate fulfills TB clearance requirements per Hawaii Administrative Rules Title 11, Chapter 164.2-2, Department of Health.

- Negative TB Risk Assessment & Symptom Screen
- Negative TB Test
- Negative CXR

Patient Name	Date of Birth	TB Screening Date
Person Last & First Name	MM-DD-YYYY	03-16-2018

Should you have any questions, please contact one of the following Hawaii Tuberculosis Control Branch locations.

Hawaii-East: (808) 974-6025	Hawaii-West: (808) 322-1500	
Kauai: (808) 241-3387		
Maui: (808) 984-8260	Molokai: (808) 553-7880	Lanai: (808) 565-7114
Oahu: (808) 832-5731		

Certified this day by: \_\_\_\_\_  
Chief, Tuberculosis Control  
Branch

This TB clearance provides a reasonable assurance that the individual listed on this form was free from tuberculosis disease at the time of the exam. This form does not imply any guarantee or protection from future tuberculosis risk for the individual listed.