

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

In reply, please refer to:
File:


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 Chest X-ray

Patient Name	Date of Birth	TB Screening Date

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 
 Elizabeth M. MacNeill, MD-MPH
 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.