(In relation to Article 17, Paragraph 1)

⑪

 No.

　　　　Date \_\_\_\_\_\_\_\_\_\_\_\_\_

To:

 　　 From: Director of Public Health Center

Medical Examination Notice (Recommendation)

You are suspected of having been infected with tuberculosis since you had contact with a tuberculosis patient.

Therefore, in accordance with Article 17, Paragraph 1 of the Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases (hereinafter referred to as the “Act”), we recommend that you undergo a medical examination by the deadline below.

If you do not follow this recommendation, we may implement measures of a medical examination based on Article 17, Paragraph 2 of the Act.

1. Reason that you need to undergo the medical examination

　　　Because you are suspected of being infected with tuberculosis

1. Deadline for medical examination

　After the day of this recommendation and before (year) / (month) / (day).

1. Types of examination

　　　□ Direct chest X-ray

□ Tuberculin reaction test

□ QFT test (T-SPOT test)

□ Others ( )

1. Place of examination (medical institution or Public Health Center)

Name

Address

Contact person: