11)		No Date
<u>To</u> :		
	From: Director of	Public Health Center
Medic	cal Examination Notice (Recom	mendation)
_	having been infected with tuberculos	sis since you had contact with a
tuberculosis patient.  Therefore, in accorda	ance with Article 17, Paragraph 1 of t	he Act on the Prevention of
	Medical Care for Patients with Infec	
referred to as the "Act")	, we recommend that you undergo a r	medical examination by the
deadline below.		
	his recommendation, we may implem	nent measures of a medical
examination based on A	rticle 17, Paragraph 2 of the Act.	
1. Reason that you nee	ed to undergo the medical examinatio	n
Because you are s	suspected of being infected with tuber	rculosis
2. Deadline for medica	l examination	
After the day of t	his recommendation and before (year	) / (month) / (day).
3. Types of examination	n	
□ Direct chest X-1	·	
□ Tuberculin reac □ QFT test (T-SP)		
□ Others (	)	
4. Place of examination	n (medical institution or Public Healt	h Center)
Name		
$\operatorname{Address}$		
	Contac	et person:

This is a reference document to aid understanding. The official document is the Japanese document issued by the Public Health Center.