

**MEDICAL STATEMENT INFECTION STATUS**

*For your convenience, we supply this sample medical evidence letter for you to present to the relevant party at your hospital.*

*They must copy this **WORD FOR WORD**, inserting your name and then signing, to fulfill all the necessary requirements in order for you to attend .*

To be printed on medical notepaper, signed and stamped by the CF physician

Our ref:

Date

I confirm that our patient, \_\_\_\_\_ (full name) does not have, and has been free for 12 months, of the bacterium *Burkholderia cepacia*, MRSA and other panresistant bacteria.

To support this I also enclose a copy of their latest sputum report, which as requested was taken within 28 days prior to the CF event our patient plans to attend. This specimen was tested using agars or medium supportive of *B.Cepacia* growth such as *B. Cepacia* selective agar (BCSA), OFPBL, PC agar and MAST agar.

(Name and signature of CF physician)