Letter of Explanation for Non-Submission of Tuberculosis (TB) Clearance Certificate

(Date) Day　　　Month　, 　 Year

Name（applicant）

Nationality/Region (applicant)

**１**　Reason why you are unable to submit TB Clearance Certificate　(unavoidable circumstances)

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**２**Date of expected acquisition of TB Clearance Certificate

　(Date)　　 Day　　　Month　, 　 Year