### *[Replace this text with your organization’s identifier]*

### *[LETTER TO PARENTS/GUARDIANS OF CONTACTS IGRA]*

### *[Date]*

Dear Parent or Guardian:

It has come to our attention that a person associated with ***[Replace text with school name]*** has recently been diagnosed with active tuberculosis (TB). TB is a treatable disease, that is spread through the air by a person with active TB disease to those who frequently share the same air. Because of this, we are testing those students, teachers, and other school staff who had close contact with the person with TB. **Records indicate that your child may have been exposed to this individual. Therefore, your child needs to have a test to determine if he or she is infected with TB bacteria.**

**2 options for your child to be evaluated for TB**

**OPTION 1**

***[Insert site (e.g. school or HD and FREE if there is no charge for services]***

***[Replace text with school and/or County HD name]*** will be offering TB blood tests to all people who have been notified that they have been in contact with the person with active TB disease. A positive TB blood test means that a person’s body is infected with TB bacteria and additional evaluation is needed to determine if the person has latent TB infection or active TB disease.

**The blood tests will be done on *[day]*, *[date]* from *[time]* to *[time]* in the *[location].*** You will be notified of your child’s blood test result in writing within ***[insert expected time for results to come back, e.g.10 days]*** of testing.

**Signed consent form and a completed health questionnaire are required for your child to be tested for TB at the *[insert location]***.

The following MUST be done prior to your child being tested for TB on ***[date]***

* Complete and sign the enclosed CONSENT FORM – send back with child on testing day
* Complete and sign the enclosed HEALTH QUESTIONNAIRE- send with child on testing day

If the result of your child’s TB blood test is positive, this means your child is infected with TB and will need further medical evaluation which will include a chest x-ray and physical examination. Chest x-rays will be performed ***[insert free of charge, if this is actually the case]*** at ***[enter location, time and dates if specific]*** for persons who have a positive TB test.

**Option 2** on next page

**OPTION 2**

If you choose to have your child tested and/or x-rayed by your private physician, health plan, or other medical facility, we will need documentation of the results mailed to us no later than ***[date]*. if you choose this option for your child to be evaluated, please note you will be responsible for all charges related to the visits.**

**When you take your child to your private provider:**

* Take this LETTER
* Take the blank PRIVATE PROVIDER TB EVALUATION RESULTS FORM
* Ask the provider to COMPLETE THE PRIVATE PROVIDER TB RESULTS FORM and send it to:

***[County name and address, attn.: the person collecting the results]* no later than *date].***

On the day of the screening at the ***[insert school, health department etc., here]*** on ***[date of the screening]***:

**Have your child bring:**

* The completed HEATLH QUESTIONNAIRE
* The OPTION FOR PRIVATE PROVIDER TB TESTING FORM signed by a parent/guardian to opt out of the testing provided by the health department.

**DROP BOTH OF THESE COMPLETED FORMS OFF WITH THE NURSE ON** ***[day, date at time]* on THE DAY OF THE SCREENING**

If you have questions about the type of test your child will receive, please call ***[Enter information line, if one will be used]***andleave a message including your name, phone number, and question and a Public Health representative will get back to you as soon as possible. In addition, the following web site has a lot of information about TB: cdc.gov/tb/topic/basics/.

We assure you that ***[Replace text with school name]*** and ***[Replace text with organization name]*** are working together to locate and test anyone who was in direct contact with the person with active TB disease. We thank you for your understanding and help in order to allow ***[Replace text with organization name]*** to ensure that appropriate testing and follow-up care for tuberculosis will be provided for your child.

Sincerely,

***[Replace text with TB Controller name]***

***[Replace text with school representative name]***