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

***[IGRA LETTER TO PARENTS/GUARDIANS of EXPANDED GROUP of CONTACTS]***

***[Date]***

Dear Parent or Guardian:

On ***[date]*** it came to our attention that a person associated with ***[Replace text with school name]*** had been diagnosed with active tuberculosis (TB). The TB investigation has confirmed that some persons exposed to the TB patient at the school were infected with TB. Because of this finding, we will be testing additional students, including yours.

Your child was NOT initially identified as exposed to the person with active TB, but since TB transmission has been documented in some persons at the school who spent time with the TB patient, we are expanding the contact investigation.

**This determination indicates your child now needs to be evaluated for TB**

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

**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 may have been in contact with the person with TB. The TB blood test shows if TB bacteria have infected a person.

**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 and 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 it back with your child/student on testing day
* Complete and sign the enclosed HEALTH QUESTIONNAIRE- send it back with your child/student on testing day

If the result of the TB blood test is positive, you will be contacted by ***[county]*** Health Department staff to arrange for further evaluation of your child. If you have questions, see contact information at the end of this letter.

**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,you will be responsible for all charges related to the visit.

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

* Take this LETTER
* Take the blank PRIVATE PROVIDER TB EVALUATION FORM
* Ask the provider to COMPLETE the form noted above 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 testing]***:

**Have your child bring:**

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

**BRING BOTH OF THESE COMPLETED FORMS TO SCHOOL & GIVE TO THE NURSE ON *[day, date at time]* on THE DAY OF THE TESTING**

Please refer to the **TB FACT SHEET** that is included with this letter ***[download fact sheet from CDC or your program]***. You may call the ***[county name]*** Public Health Department for additional information at ***[telephone number].***

We assure you that ***[school name]*** School and the ***[county name]*** County Public Health Department are working together to identify and evaluate anyone who shared air with the person with TB disease. We thank you for your understanding and cooperation during the testing period.

Sincerely,

Health Officer/TB Controller ***[County name]*** Principal, ***[school name]*** School

**Enclosed:**

**TB Fact Sheet**

**Blank Consent Form**

**Blank Health Questionnaire**

**Blank Private Provider TB Evaluation Form**

**Optional Choice for Private Provider TB Testing Form**