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

*[FINAL RESULTS LETTER]*

***[Date]***

Dear Parents and School Staff:

The ***[county name]*** County Public Health Department, in cooperation with the administration of ***[school name]*** School, has completed the second round of tuberculosis (TB) testing. As of today, a total of ***[number]*** individuals have been tested, and of those, ***[number]*** show evidence of TB infection. Our test results indicate that approximately ***[number]*** % of the individuals tested at ***[school name]*** School are infected with TB. We would normally expect ***[number]*** % of our community to have a positive TB test. We believe we have seen all the possible transmission associated with this recent case of active TB disease at ***[school name]*** School.

We appreciate the cooperation the students, parents and staff have given us as we investigated the TB exposure at the ***[school name]*** School.

If you have any further questions or concerns, please call the ***[county name]*** County Public Health Department at ***[phone number]***.

Sincerely,

Health Officer/Deputy Director Principal, ***[school name]*** School