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

### *[LETTER TO STAFF CONTACTS TST]*

***[Date]***

Dear Staff Member:

It has come to our attention that a person associated with ***[school name]*** School has recently been diagnosed with active tuberculosis (TB) disease. TB is a treatable disease which 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 students, teachers, and other school staff who had close contact with the person with TB. **Records indicate that you may have been exposed to this individual. Therefore, you need to have a tuberculin skin test (TST).**

**You have 2 options to be evaluated for TB**

**Option 1**

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

***[Replace text with school and/or County HD name]*** will be giving TB skin tests to all people who have been notified that they have been in contact with the person with TB. The TB skin test shows if the TB bacteria have infected a person. Even if a person has been infected, that does **not mean that they are contagious or have active TB disease.**

The skin tests will be given on ***[day], [date]*** from ***[time]*** to ***[time]*** in the ***[location]***. You must return to have the TB skin test read within 48-72 hours of receiving the test; otherwise, the test is invalid. Reading of the skin test will take place on ***[day], [date]*** from ***[time]*** to ***[time]*** in the ***[location]***. **A self-reported TB skin test reading of the result is not acceptable.**

**Complete the enclosed consent form and health questionnaire and bring them BOTH with you to be tested for TB at the *[Insert location]* on *[date]* at *[time].***

If the result of your TB skin test shows that you have been infected with TB, ***[County]*** Health Department staff will arrange for you to have additional testing to determine if you have latent TB infection or active TB disease. If you have questions, the call-in information is at the end of this letter.

**Option 2 on next page**

**Option 2**

If you choose to be tested for TB by your private provider, health plan, or other medical facility, we will still need documentation of the result mailed to us no later than ***[date]***. If you choose to use this option, you will be responsible for all charges related to this TB evaluation.

**When you go to your private provider:**

* **Take this LETTER**
* **Take the blank Private Provider TB Evaluation result form and ask the provider to COMPLETE it and send it to:**

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

**On the day of testing at the *[insert school or health department here]* on *[date and location of the screening]***

**Please bring and drop off these two completed forms with the nurse**

* Your HEALTH QUESTIONNAIRE
* Your signed OPTION FOR PRIVATE PROVIDER TB TESTING form

If you have questions, please call ***[enter information telephone # here if used]*** and you may leave a message including your name, a phone number and your question and a Public Health representative will get back to you as soon as possible. In addition, the following website has lots of information about TB: https://www.cdc.gov/tb/

We assure you that ***[school name]*** School and the ***[county name]*** County Public Health Department are working together to locate and provide testing for TB for anyone who was in direct contact with the person with active TB. We thank you for your understanding and help in order to allow the ***[county name]*** County Public Health Department to do a thorough job of identifying contacts and providing testing and follow-up care for tuberculosis.

Sincerely,

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

Enclosures:

Health questionnaire

Consent form

Option for Private Provider TB Testing form