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

### *[TST 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 shows that your child now needs to be evaluated for TB**

**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 giving tuberculin skin tests (TST) to all people who have been notified that they may have been in contact with the person with TB. The TB skin test shows if TB bacteria have infected a person.

**The TB skin tests will be given on *[day]*, *[date]* from *[time]* to *[time]* in the *[location].*** Your child 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 reading of the skin test result is not acceptable.**

## 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 with child on testing day
* Complete and sign the enclosed HEALTH QUESTIONNAIRE- send with child on testing day

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

Option 2 on next page

**OPTION 2**

**If you choose to take your child to your private physician,** we will need documentation of the results mailed to us no later than ***[date]*.** If you choose to use this option for your child to be evaluated,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 FORM
* Ask the provider to COMPLETE the form noted above and send it back to:

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

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