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

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

### *[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, 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 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 giving TB skin tests to all people who have been notified that they have been in contact with the person with active TB disease. The TB skin test shows if TB bacteria have infected a person. A positive test for TB 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 skin tests will be given on ***[day]*, *[date]***from ***[time - 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 - time]*** in the ***[location]*. A self-reported skin test reading of the 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 results of the TB skin test show that your child has been infected with TB, you will be contacted by ***[county]*** Health Department staff to arrange for further evaluation, most likely a chest x-ray and physical examination. 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 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 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 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 TESTING**

If you have questions about the type of test your child will receive, please call ***[Enter information line, if one will be used]***  and leave 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 TB. We thank you for your understanding and help in order to allow ***[Replace text with organization name]*** to ensure 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]***