*[Copy and paste this text onto your organization’s letterhead]*

*[FYI LETTER TO PARENTS/GUARDIANS of Non-Contacts]*

***[Date]***

Dear Parent or Guardian:

It has come to our attention that a person associated with ***[replace text with school name]*** has recently been identified as having active tuberculosis (TB). A person with active TB disease can spread TB bacteria through the air to those who frequently share the same air. ***[Replace text with school name]*** is working closely with the ***[replace text with organization name]*** to investigate the TB exposure and identify students and staff who may have been significantly exposed to this case of active TB.

The most common way to become infected with TB bacteria is by spending a lot of time with a person who has active TB. TB is rarely spread to persons who spend a small amount of time with a patient with active TB. Please read the enclosed fact sheet to learn more about TB and how it is spread.

We will notify you in writing by ***[enter appropriate date]*** if we determine that your child needs to be tested for exposure to the TB bacteria. During the course of the investigation, additional students may be identified who need testing and you will be notified if that is the case. If you do not receive a second letter, your child will not need to be tested at this time.

It is important to know that a positive TB test means that the person’s body is infected with TB bacteria. Additional tests are needed to determine if the person has latent TB infection or TB disease. Only persons sick with active TB in their lungs can spread TB to others.

To answer questions, ***[replace text with school name]*** has scheduled a TB informational meeting on ***[enter appropriate date and location information]***. Representatives from the county public health department will be available to answer your questions.

Additionally, ***[insert the information on a telephone line or website here]*** has been set up by ***[replace text with organization name]*** to provide additional information about TB. The ***[number or link]*** is ***[enter appropriate information]***.

Sincerely,

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

Enclosure