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

### *[LETTER TO PARENTS OF CONTACTS, Second Round TST]*

### *[Date]*

Dear Parent or Guardian:

On ***[date of initial notification of exposure]*** you were notified by ***[Replace text with school name]*** that your child was exposed to a person with active tuberculosis. It takes 8-10 weeks for the TB bacteria to be identified by testing. ***[replace text with school name*]** and the ***[Replace text with organization name]*** will be retesting your child on ***[enter dates and location of testing].***

***[Replace text with organization name]*** will be giving free repeat TB skin tests (TST) to all people who have been notified that they have been in contact with the person with TB. The skin test shows if TB bacteria have infected a person. Even if a person is infected, that does **not mean that he/she is contagious or has active TB disease**.

If the results of your child’s TB skin test are positive, this means that your child has TB infection and will need further medical evaluation which will include a chest x-ray and physical examination. Chest x-rays will be performed free of charge at ***[enter location]*** for persons who have a positive test.

The ***[Replace text with organization’s name]*** already has your signed parental consent form and your child’s health questionnaire on file so no additional paperwork is needed for their second test.

If you chose to have your child tested and/or x-rayed by your private physician when we notified you previously, you should take them back to their provider again to be retested. Take this letter with you along with the enclosed “**Private Provider TB Evaluation** form” Once your child has completed their second test, we will need the new test results documented on the “**Private Provider TB Evaluation** form“ and mailed to us no later than ***[enter date]*** at the following address: ***[Replace text with organization’s mailing address].***

If you have any questions please contact ***[Replace text with organizations name and contact information].***  The following web site also has TB information: https://www.cdc.gov/tb/topic/basics/default.htm.

Sincerely,

***[Replace text with TB Controller name]***

***[Replace text with school representative name]***