[Date]

Dear [Name],

The [Local Health Department] was notified that an employee who worked at [Facility] in [location] tested positive for tuberculosis (TB) disease, and you may have been exposed.

TB is a communicable disease that is spread through tiny airborne particles expelled by a person who has infectious tuberculosis when they breathe or cough. If another person inhales air containing the particles, then they can become infected with tuberculosis. Persons who are infected but who do not have tuberculosis disease are not contagious. About 10% of infected persons will develop tuberculosis disease at some time in their life. There is medication an infected person can take to decrease their chances of developing tuberculosis disease.

The general symptoms of TB disease include a long-term cough, weight loss, fever and night sweats. Symptoms may also include chest pain, chills, fatigue and coughing up blood. If you are experiencing any of these symptoms, please see a healthcare provider immediately.

Due to this exposure, the health department recommends that you receive a TB test to determine if you have been infected with tuberculosis. The blood test is the preferred test and can be done at [Healthcare Facility]. Please call [XXX-XXX-XXX] to schedule an appointment. An order for this test is enclosed with this letter and should be brought to your test appointment. If you would prefer to receive a skin test, please call the [Health Department] at [XXX-XXX-XXXX] to schedule an appointment. There is not a fee for tests performed at the [Local Health Department].

If the TB test is positive, further medical evaluation is needed.

Please call the [Local Health Department] with any questions at [XXX-XXX-XXXX]. Thank you for your cooperation in this matter.

Regards,