

[Your School's Letterhead]

[Date]

[Parent/Guardian Name]

[Address]

[City, State, Zip Code]

Dear [Parent/Guardian Name],

Subject: Notification of TB Testing Requirement

We are writing to inform you about the requirement for Tuberculosis (TB) testing for students attending [School Name]. To ensure the health and safety of our school community, we are following the recommendations from public health authorities.

**\*\*Testing Details:\*\***

- **\*\*Who Needs to Be Tested:\*\*** All students in [specific grades or programs, if applicable].

- **\*\*Testing Date:\*\*** [Insert date]

- **\*\*Location:\*\*** [Insert location within the school]

- **\*\*Time:\*\*** [Insert time range]

**\*\*Required Documentation:\*\***

Please provide proof of a negative TB test within the last year. If your child has previously tested positive for TB, please include documentation of the results and any further evaluations or treatments.

**\*\*Additional Information:\*\***

- If you have any questions or concerns regarding the TB test, please contact our school nurse at [nurse's phone number] or [nurse's email].

- Failure to provide the required documentation by [insert deadline] may result in [state any consequences if applicable, e.g., exclusion from school activities].

Thank you for your attention to this important health matter. We appreciate your cooperation in keeping our school safe and healthy.

Sincerely,

[Your Name]

[Your Title]

[School Name]

[School Phone Number]

[School Email Address]