

Dear Parent or Guardian,

### **Tuberculosis (TB) Screening program**

If your son/daughter has arrived in the UK within the last 5yrs and was born in a country identified by the World Health Organisation as being at high risk of TB they may be eligible for TB screening.

Tuberculosis (TB) is a curable infectious disease. The screening will also identify latent TB which is non- infectious and does not show any symptoms, but may turn into active TB in the future. Latent TB can be treated with antibiotics.

Your son/daughter may have had a chest x-ray for visa requirements, this can only detect active TB in the lungs they could still have latent TB.

TB screening is provided by the North Yorkshire TB Nursing Service and is completely free of charge. It involves a health questionnaire and either a Tuberculin skin test, which is known as a Mantoux test or an IGRA blood test depending on your child's age.

**If the Mantoux test is positive your child will require a blood test and a chest x-ray. If they have already had a blood test they will require a chest x-ray. They may also be referred to a Doctor who may recommend that your son/daughter commence a course of antibiotics to prevent them from developing active TB in the future.**

If you would like your son/daughter to receive this important health screening, please read and sign the consent form to the School Nurses at your child's school.

Please note if a consent form is not returned, pupils are able to give **verbal** self-consent if they choose to be screened. The TB Nursing Service will fully explain the screening to them individually and if the Nurses are satisfied that your son/daughter understands the process, then they will proceed with the screening.

Please contact us on (+44)1423 555734 or e-mail [hfc-tr.tbteam@nhs.net](mailto:hfc-tr.tbteam@nhs.net) and we will be happy to give you further information.

This is a free and confidential NHS service. The North Yorkshire TB Nursing Service will only share relevant clinical information with other professionals and appropriate health-based school staff if and when it is clinically necessary and in the best interest of your son/daughter.

Yours sincerely

**North Yorkshire TB Nursing Service**

Dear Parent or Guardian

**Re: Consent form for New Entrant TB Screening**

Afghanistan	Ecuador	Madagascar	Russian Federation
Algeria	El Salvador	Malawi	Rwanda
Angola	Equatorial Guinea	Malaysia	Sao Tome and Principe
Azerbaijan	Eritrea	Mali	Senegal
Bangladesh	Eswatini	Marshall Islands	Sierra Leone
Benin	Fiji	Mauritania	Singapore
Bhutan	Ethiopia	Micronesia (Federated States of)	Solomon Islands
Bolivia	Gabon	Mongolia	Somalia
Bolivarian	Gambia	Morocco	South Africa
Botswana	Georgia	Mozambique	South Sudan
Brazil	Greenland	Myanmar	Sri Lanka
Brunei Darussalam	Ghana	Namibia	Sudan
Burkina Faso	Guam	Nauru	Tajikistan
Burundi	Guinea	Nicaragua	Thailand
Cambodia	Guinea-Bissau	Niger	Timor-Leste
Cameroon	Guyana	Nigeria	Turkmenistan
Cape Verde	Haiti	Northern Mariana Islands	Tuvalu
Central African Republic	India	Pakistan	Uganda
Chad	Indonesia	Papua New Guinea	Ukraine
China	Iraq	Paraguay	United Republic of Tanzania
China, Hong Kong SAR	Kazakhstan	Peru	Uzbekistan
China, Macao SAR	Kenya	Philippines	Vanuatu
Congo	Kiribati	Republic of Korea	Venezuela (Bolivarian Republic of)
Cote d'Ivoire Democratic People's Republic of Korea	Kyrgyzstan	Republic of Moldova	Viet Nam
Democratic People's Republic of Congo	Lao People's Democratic Republic	Romania	Yemen
Djibouti	Lesotho		Zambia
Dominican Republic	Liberia		Zimbabwe
	Libya		
	Lithuania		

Please complete the consent form below and return it to me by  sealed in the enclosed envelope; please ensure you put a stamp for the appropriate postage for your country on the envelope. Your child's school will accept an email copy of this form.

Child's Name	
Date of Birth	
Country of Birth	
School Name	
School Address	
Date of first entry to UK	

I give my consent for the above named student to have TB Screening which may include a Tuberculosis skin test (Mantoux test)/ chest X-ray/ TB Blood Test (IGRA) as clinically appropriate.

**I understand that my child will be referred to a doctor in the event of a positive result and will be offered antibiotics if medically appropriate.**

Signature of Parent or Guardian	
Date	