Dear recipient,

According to information we have received you may have been exposed to a tuberculosis infection. We therefore urge you to make an appointment with a physician at your local health centre. **Take this letter with you and return the completed form below at the same time.**

Tuberculosis infection occurs by breathing airborne tuberculosis bacteria into the lungs. Tuberculosis is not easily transmitted, but especially at risk are those who share a home, or are in prolonged or frequent contact at work or other premises with a person who has an infectious pulmonary tuberculosis.

It would be advisable to have a X-ray taken of your lungs, for which you can obtain a referral at your health centre. The first X-ray will be taken now, with control X-ray at 12 months. Bacterial sputum samples x 3 will be taken if necessary. If you are pregnant, chest x-ray is taken after a careful assessment of indications and always about a month before the delivery.

If during the follow-up period or later you contract symptoms of tuberculosis (a prolonged cough of more than 3 weeks, a coughing up of blood, sputa, feverishness, fatigue, nigh sweats or weight loss) you should make an appointment with your physician at the health centre. Kindly inform about this letter and a possible tuberculosis infection already when booking an appointment in which case you will be given an appointment without delay.

Investigation of the contacts made by a person contracting tuberculosis is conducted in accordance with the Communicable Diseases Act and all information will be treated confidentially.

Examinations at the health centre are free of charge.

Date ___ /___ /______

Best regards (Please contact the following telephone number):

___________________________________________________________________
BASIC FACTS:
Name: ___________________________________________ Personal ID: __________________ - _________

Address: ______________________________________________________________________________________

Tel: __________________________ Country of birth: _______________________________________________

If the country of birth is not Finland, when did you move to Finland: ________________________________

Possible other contact name and phone: __________________________________________________________

Occupation and place of work: __________________________________________________________________

Do you have a drug addiction (heavy use of alcohol or intravenous drug use):  Yes ☐  No ☐

Are you pregnant: Yes ☐  No ☐

GENERAL MEDICAL HISTORY:
Do you have any of these conditions (x):
Chronic renal failure Yes ☐  No ☐
Chronic liver disease, what (e.g. cirrhosis): ______________________________ Yes ☐  No ☐
History of cancer, what: ______________________________ Yes ☐  No ☐
Other disease that weakens your immune system, what (e.g. diabetes): ____________ Yes ☐  No ☐
Organ transplantation, what, when: ______________________________ Yes ☐  No ☐
HIV Yes ☐  No ☐
Silicosis or grinders' disease Yes ☐  No ☐

All your medication (name, strength, dosage):
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

SYMPTOMS OF TUBERCULOSIS:
Have you had any symptoms below throughout the last 3 months (x):
Cough over 3 weeks Yes ☐  No ☐
Sputa Yes ☐  No ☐
Coughing blood Yes ☐  No ☐
Unusual tiredness Yes ☐  No ☐
Abnormal weight loss Yes ☐  No ☐
Night sweats Yes ☐  No ☐
Feverishness Yes ☐  No ☐
Other symptoms, what: ___________________________________________________ Yes ☐  No ☐

Have you previously had tuberculosis, when: Yes ☐, year_________________ No ☐

Have you previously been exposed to tuberculosis, when: Yes ☐, year_________________ No ☐

Date: ____ / ____ / _______  The respondent’s signature: ______________________________