



HUS

LETTER AND QUESTIONAIRE TO PERSONS EXPOSED TO TUBERCULOSIS

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, night 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: _____