

ISOLATION INSTRUCTIONS

NAME _____ DOB _____

ADDRESS _____
CITY _____ STATE _____ ZIP _____

It has been explained to me that I have/possibly have pulmonary tuberculosis. I have also been told that I am infectious to other people who come close to me.

1. I will remain at home on isolation as directed by health department staff until I am told that I am no longer infectious. As much as possible, I will stay away from other people in my house by staying in my room or wearing a mask when I leave the room. I will cover my mouth with my hand or a tissue when I cough or sneeze.

2. I understand that I may leave home only to attend medical appointments for the treatment of my condition or to do activities in which I am in not contact with other people, such as walking alone or driving in a car alone.

3. I understand that I may not work, go to school, go to the grocery store, go to the movie theater, go to the mall or shopping,

or participate in any other activity where I will be in contact with other people until I am told by health department staff that I am no longer infectious to others.

4. Other Comments/Instructions: _____

I understand that these isolation instructions remain in effect until I am told by health department staff that I am no longer infectious to people around me.

I understand that legal action may be taken if I do not follow these instructions and knowingly expose others to my infection.

Patient Signature Date _____

Witness Date _____