

ISOLATION INSTRUCTIONS

NAME _____ DOB _____

I have been told that I have/possibly have pulmonary tuberculosis. I have also been told that I am/may be infectious to other people who spend time with 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 a room by myself. 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. I will wear a mask when I leave my house for these medical appointments.
3. I understand that I should talk to my nurse case manager about keeping other medical and dental appointments that are not for my TB treatment.
4. I understand that I may leave home to do activities in which I am in **not** contact with other people, such as walking **alone** or driving in a car **alone**.
5. I understand that I may not work, go to places of worship, go to school, go to the grocery store, go to the movie theater, go to the mall or shopping, attend holiday celebrations, family reunions or participate in any other activity where I will be in contact with other people including _____ until I am told by health department staff that I am no longer infectious to others. If an activity is not listed on this form, I will ask before I go to the place.
6. 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 _____