

AGREEMENT TO HELP ME STOP THE SPREAD OF TB

I understand that I have or might have tuberculosis (TB) which could spread to other people. I agree to the following rules until the TB Nurse tells me I can no longer spread TB to others. The TB Nurse will look at my sputum test results, the amount of TB medicine I have taken and whether my TB is getting better to decide when I can no longer spread TB.

1. I will live at the address below. I will stay home. I will not go out for a job, volunteer work, errands, school, church or other reasons.
If the TB nurse says "yes", I can go to medical appointments, I will wear a mask over my mouth and nose when I go to the appointment.
2. If I must change where I'm living, I will tell the TB nurse within one day.
3. I will tell the TB Nurse about any planned vacations or trips during my TB treatment. I understand that I might not be allowed to travel until I can no longer spread TB to others.
4. I will not have visitors in my home until I can no longer spread TB to others. I understand that people who already live with me can stay in my home. They will be checked for TB by the TB nurse.
5. I understand that the TB staff may call me or visit me at any reasonable time.
6. Other: _____

I understand that if I break the above agreements, legal action may be taken against me. Oregon laws do not allow me to spread TB (ORS 433.010).

Patient signature

Date

Patient address

LHD TB Nurse or designee

Interpreter signature (if needed)

Patient Name _____

DOB _____