



Home Isolation Agreement

Active Tuberculosis (TB) Disease

Patient name (last) _____ (first) _____ Date of birth _____
Street address _____ City _____
State _____ Zip _____ Phone _____

You have tuberculosis (TB) disease in an infectious stage and are being placed in isolation by your local health jurisdiction and your physician. *These conditions must be followed:*

1. You must remain isolated in your home (or other agreed upon location _____) until determined to be non-infectious.
2. You can have no contact with persons who do not reside in your home or other above location. No visitors will be allowed in your residence until the isolation has ended.
3. You must allow health department staff to monitor compliance with home isolation, including unscheduled visits and phone calls.
4. You must go to medically necessary medical appointments and agree to wear a mask when going to appointments until isolation has ended.
5. _____

The infectiousness of your disease will be determined by sputum smears, compliance with TB treatment, and clinical response to TB medications. Isolation will be discontinued by the local health jurisdiction as soon as you are determined to be non-infectious and you remain on an approved course of therapy for tuberculosis.

I understand that if I fail to comply with these conditions, legal action may be taken, possibly resulting in court ordered detainment.

I have read the above information, understand it, and agree to the conditions.

Patient (or guardian) signature Date

Interpreter signature (if applicable) Date

Nurse/clinician signature Date

Copy of agreement given to patient _____ (PHN initials)