



Wyoming Department of Health  
Tuberculosis Program  
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### Possible or Confirmed Active Tuberculosis (TB) Home Isolation Agreement

Today's date: \_\_\_\_\_ Patient's date of birth: \_\_\_\_\_

Patient's last name: \_\_\_\_\_ First name: \_\_\_\_\_

Name of guardian (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

My healthcare provider ☐ suspects I may have active TB. ☐ has diagnosed me with active TB.

Home isolation helps prevent the transmission of TB to others, and it will be discontinued when the TB cannot be transmitted to others. Lab results, compliance with prescribed TB treatment, and improvement in TB symptoms will determine the ability to transmit TB to others. This agreement defines home as your home or the agreed-upon location for TB isolation.

1. With the exception of medical appointments or medical emergencies, I will remain at my residence until TB infection can no longer be transmitted to others and I am released from isolation.
2. I will wear a mask around all others, including those who live in my home, until TB infection can no longer be transmitted to others and I am released from isolation.
3. I will attend all TB-related medical appointments (prescriber, lab, radiology, etc.) until TB infection can no longer be transmitted to others and I am released from isolation.
4. I will not allow visitors inside my home until TB infection can no longer be transmitted to others and I am released from isolation.
5. If TB medications are prescribed, I will take them as prescribed.

I understand a home isolation order may be issued if this agreement is not followed. I will contact my TB Case Manager if I have questions or concerns that are not life-threatening.

My TB Case Manager is: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature of Patient or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of TB Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

☐ A Tuberculosis Home Isolation Evaluation was completed prior to this agreement.

☐ A copy of this Tuberculosis Home Isolation Agreement was provided to the patient/guardian.