

HOME ISOLATION AGREEMENT

Patient Name: _____ Date: _____
Street Address: _____ DOB: _____
City/State _____ Phone: _____
ZIP: _____

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

1. Remain isolated in your home (or other agreed upon address listed below) until determined to be non-infectious. (Other address _____)
2. No contact with persons who do not reside in your home or at the above residence. No visitors will be allowed in your residence until the isolation has ended.
3. Allow TB Control Staff to monitor compliance with home isolation including unscheduled visits and phone calls.
4. Go to medically necessary medical appointments AND agrees to wear a mask when going to a medical appointment until isolation has ended.
5. _____

Your TB status 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 and understand it.

Patient's Signature

Date

Interpreter's Signature (if needed)

Date

PHN or Designee Signature

Date

Copy given to patient _____ (PHN or designee initials)