

# Declination of Care Form 3575 (revised 10/2016)

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I have been educated about latent tuberculosis infection (LTBI) and tuberculosis (TB) disease. I understand why I should:

- Be evaluated for TB
- Take medicine for LTBI
- Other \_\_\_\_\_

I have decided I do not wish to follow the medical recommendations offered. I have been educated about the signs and symptoms of active TB disease, which are fever, night sweats, cough lasting more than 3 weeks, coughing up blood, chest pain, fatigue and unexplained weight loss. I understand that if I develop any signs and symptoms of active TB disease, I need to seek medical care right away. I understand that TB is an infectious disease that can be passed to others and that legal steps can be taken if I do not seek medical care and put others at risk of getting sick or infected.

I, take personal responsibility regarding the **possible future development of tuberculosis** that may have been **prevented** if I had followed the medical recommendations.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Public Health Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

Public Health Representative Title \_\_\_\_\_

Witness/Interpreter Signature \_\_\_\_\_

Date \_\_\_\_\_