

Refusal of HIV Testing

revised 10/2016

Name _____ Date of Birth _____

- I have been exposed to a person with active TB disease
- I have been diagnosed with latent TB infection (LTBI)
- I have been diagnosed with active TB disease or I am being evaluated for TB disease

CDC recommends HIV screening for all TB clients. This includes persons who have been exposed to a person with active case of TB disease, persons diagnosed with latent TB infection (LTBI) and those persons either diagnosed with active TB disease or being evaluated for TB disease.

TB is particularly serious for people with HIV. TB disease can accelerate the progression of HIV in persons living with HIV. Having HIV when diagnosed with LTBI can also increase the progression of the latent form of TB to active TB disease.

After having the recommendations and risks explained to me, I **do not want** a test for HIV. I have been told the signs and symptoms of active TB disease, which are cough lasting more than 3 weeks, fever, night sweats, 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 immediately. I understand that TB disease is an infectious disease that can be passed to others. I also understand that legal steps can be taken if I develop active TB disease and I do not seek medical care, but expose others to becoming infected and/or sick.

Patient's signature/Date _____

Public Health Representative Signature/Date _____