

Home Isolation Agreement for Tuberculosis (TB)



I _____ (patient name) have been told I have or might have tuberculosis (TB) in the lungs. I have also been told that I might be able to spread the TB germ to other people. In order to protect those around me, I agree to the following:

- I will be at home at _____ (address) in isolation until the health department staff tells me I can no longer spread the TB germ.
- I will stay away from other people in the house as much as possible.
- I will not have any visitors and/or guests in my house.
- I will cover my mouth with my elbow or tissue when I cough or sneeze.
- I can only leave isolation to go to health appointments for TB. I will wear a mask when I go to these appointments.
- I will talk to my nurse case manager about going to any appointments that are not for my TB treatment. I will only go if my nurse case manager says it is okay.
- I can leave to do things where I am not close to other people, such as walking outside or driving in a car alone.
- I cannot go to work, places of worship, school, the grocery store, the movie theater, the mall, shopping, holiday parties, family reunions, or any other activity where I will be close to other people, including:

If an activity is not listed on this form, I will ask my nurse case manager before I go to that place.

I agree to follow these instructions until I am told by health department staff that I can no longer spread TB germs to people around me. My nurse case manager has told me that legal action can be taken if I do not follow these instructions and I expose others to TB germs.

Signature of patient: _____ Date: _____

Witness signature: _____ Date: _____

Nurse case manager notes:

- Household members should not include those at high risk for TB: children under age of five, persons with HIV, on tumor necrosis factor (TNF) alpha antagonists, on anti-rejection medications post transplant, or those with other severe immunocompromising conditions.
- The Wisconsin TB Program recommends the following criteria are met before release from home isolation:
 - Patient completes 14 days of effective TB therapy by directly observed therapy (DOT)
 - Patient demonstrates clinical improvement
 - Patient has three consecutive negative acid-fast bacilli (AFB) sputum smears
 - Patient has a plan for follow-up care

