



Form to Document Refusal of Treatment for Latent Tuberculosis Infection

Patient Name: _____ Date of Birth: _____

You have been identified as being infected with the tuberculosis (TB) germ. As explained to you earlier, you have a lifetime risk of developing TB disease. Your physician has prescribed a course of preventative treatment with Isoniazid, Rifapentine or Rifampin. Treatment with any of these drugs will prevent the disease in most individuals who complete the recommended course of treatment. The medication and the appropriate medical supervision will be provided to you at no cost.

In the United States, unless treated, approximately 5% of persons who have been infected with *M. tuberculosis* will develop TB disease in the first one to two years after infection and another 5% will develop disease sometime later in life. In all, approximately 10% of persons with normal immune systems who are infected with *M. tuberculosis*, TB disease will develop at some point. **Persons with impaired immune systems who are infected with *M.tuberculosis* have a greater chance of developing TB disease.**

I have read the information on this form about preventative TB therapy. I believe I understand the benefits and risks of taking preventative therapy. I have had an opportunity to ask questions which were answered to my satisfaction.

The Health Department has offered to provide me with the medication and medical supervision in order to decrease my risk for developing TB disease. However, I have chosen not to take the medication as recommended. If I should have a change of mind in my intention to take the medication, I understand that the Health Department will be available to advise me on this matter.

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Signature of person refusing treatment *(or parent or guardian)*

Date

Printed Name

Relationship to patient

Signature of Health Professional Witness

Date

Health Professional Witness (print)

Health Dept.