

Tuberculosis Clinic Referral Acknowledgment

I received a TB Skin test on _____ which resulted in a positive reaction.

As a result, I have been referred to the El Paso Health Department TB Chest Clinic, for evaluation and possible treatment because there is a question regarding whether I could have Latent Tuberculosis Infection (LTBI).

It has been made clear to me that the best source of obtaining information and treatment (if needed) is to talk with a Health Care Provider at the TB Chest Clinic.

I further understand that there are potential risks to the treatment such as liver damage however; developing Pulmonary TB may pose a greater risk, so treatment may be beneficial. The risks and benefits will be discussed with me in more detail at the TB Chest Clinic.

I understand that I have the option of following the recommendation made for me to seek assessment by the TB Chest Clinic. I will notify the Quality Improvement/ Occupational Health Department at Texas Tech of my decision within one week by phone (915-545-6501), fax (915-545-7549).

I understand that if I decide not to take prophylaxis I risk developing active Tuberculosis and risk passing this infection to other people. I also understand that there may be consequences, such as quarantine, that would impact my employment status if I developed active TB.

If I choose not to follow up with the TB Chest Clinic or refuse medication if recommended, I will complete a TB Screening questionnaire every six months without fail.

Printed Name

Signature

Date

Original to QI/OH File – Copy to person noted above.