



TEXAS TECH UNIVERSITY  
 HEALTH SCIENCES CENTER™  
 EL PASO

*Ambulatory Clinic Policy and Procedure*

**Tuberculosis Clinic Referral Acknowledgment**

**Employee / Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

As a result, I will be referred to the City of El Paso Department of Public Health TB Control Clinic, for evaluation and possible treatment for Latent Tuberculosis Infection (LTBI).

For more information regarding this referral see Infection Prevention Policy EP 7.7 Tuberculosis Control Plan.

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. All risks and benefits will be discussed with me in more detail during my appointment.

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

Signature signifies receipt/knowledge of referral and authorizes Texas Tech University Health Science Center El Paso (TTUHSC El Paso) to release information necessary for its completion.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date