Active TB Disease Treatment Agreement

Health Department:_____
Address:_____
Phone:_____

I must follow the Active TB Disease Treatment Agreement:
To stop the spread of TB to my family, friends and others
To make sure I finish the treatment to cure my TB.
_____**'s TB Treatment Agreement**
(Patient's first and last name)

1. I will take my pills until my doctor says I am cured.
2. I will see _____to take my pills.
(Case Manager)
The case manager or outreach worker will watch me take my pills.
3. I will call the case manager if I can't get to my appointment. I must ask to reschedule.
The phone number is _____.
Day: M T W Th F S Time:_____ Where:_____
4. I understand I must wear a mask when I am around other people. That means I must wear a mask anytime I am away from home and for my medical appointments.
5. I have been shown the right way to wear a mask. I will wear a mask until I am told I can stop. I can get the masks for free.

☐ I will give sputum samples when asked.
☐ I must have a chest x-ray as scheduled.
☐ I will call the case manager at _____ **IF:**
(Phone)

☐ The TB pills make me feel bad or I feel any signs of TB.
☐ I leave _____ County for more than one day.
☐ I move while I am taking my pills.

The Rules:
1. Take my pills on time and not miss more than 3 days of pills or three doses of pills in a row.
2. Get a chest x-ray when told.
3. Give a sputum sample when told.
4. Wear my mask and not be harmful to others.
5. Follow my treatment agreement.
6. Don't take drugs, drink alcohol or do anything that would make my TB pills not work.

If I do not follow all of the steps in my treatment agreement:
1. I will not get better
2. **And**, the Local Health Officer may order me into isolation in a hospital or send me to jail._____
(Initial)

☐ I have read my Treatment Agreement.
☐ I understand the steps I must take to cure my TB.
☐ I have had a chance to ask the case manager questions about my TB treatment.
☐ I agree to follow the above steps to cure my TB.

Name:_____ **Date:**_____
Nurse / Witness:_____ **Date:**_____
Interpreter:_____ **Date:**_____

(Rev. 2011)