



Texas Department of State Health Services

Refusal to Complete an Evaluation for TB Infection

I have been notified by _____ that I or an adult or minor child of _____ (name of health department / program) whom I am the parent, legal guardian, or managing conservator have/has been in contact with someone with known or suspected active tuberculosis (TB).

I understand that TB is a potentially life-threatening illness. I have been informed of the risks associated with this exposure which includes being at risk of having TB infection or TB disease.

I understand that a complete medical evaluation is recommended because of this exposure. To be completely evaluated, I or an adult or minor child of whom I am the parent, legal guardian, or managing conservator have been informed the following is needed (health department to check all that apply):

- TB skin test or TB blood test *now*
- A second TB skin test or TB blood test, date: _____
- Chest X-ray
- Evaluation by the physician, name: _____
- Other testing: _____

I understand that if a child is under the age of 5 years, they are at greater risk of developing a life-threatening form of TB. I understand that if I do not give my consent for a complete evaluation for the child, the _____ (name of health department / program) may take additional steps.

I understand that my refusal for a complete evaluation does not mean that I/or an adult or minor child of whom I am the parent, legal guardian, or managing conservator cannot return at a later date for evaluation or that if I/or an adult or minor child of whom I am the parent, legal guardian, or managing conservator develop signs and symptoms of tuberculosis will be refused services. I will immediately contact _____ (name of health department / program / or medical provider) for care.

I understand that if I decline any part of the complete evaluation, I am at risk of having or developing active TB, which may be life-threatening if not treated.

I have had the opportunity to ask questions and my questions and concerns have been answered.

I refuse to participate in the recommended evaluation for the control and prevention of tuberculosis in myself or in the persons under my legal charge and/or guardianship and I understand the risk of not completing the full evaluation for TB infection.

I hereby acknowledge that I have received a copy of this letter.

Client Printed Name _____

Client/legal guardian Signature _____ Date _____

Signature of Nurse / TB staff _____ Date _____

Copy of letter given Refused to sign