

Texas Department of State Health Services **Refusal of Treatment for Latent Tuberculosis 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 co with latent tuberculosis infection (also called LTBI) base	
TB screening test (IGRA blood test or Tubercu following date and result:	lin Skin Test [TST]), with the
\Box Chest x-ray with the following date and result	•
\Box TB signs and symptoms screening with the fo	llowing date and result:
Treatment for LTBI with	has been recommended
	or the adult or minor child of whom
(insert licensed healthcare provider's name) I am the parent, legal guardian, or managing conservator from developing active tuberculosis (TB) disease in the future.	
People with active TB disease may have the following s weeks or more, fevers, night sweats, weight loss and/c active TB can spread the germ to other people. If I or t am the parent, legal guardian, or managing conservator I have been advised to seek medical care immediately.	or coughing up blood. People with the adult or minor child of whom I
I have read the information above about treatment for LTBI and understand the risks and benefits of treatment. I have had an opportunity to ask questions and have my questions answered by the health department staff.	
The health department has offered to provide medication and medical supervision at no cost. However, I have chosen not to take this treatment for myself or accept treatment for the person under my legal charge and/or guardianship. If I decide to accept treatment for LTBI in the future, I understand that the Health Department is available to advise me on this matter.	
I hereby acknowledge that I have received a copy of th	is letter.
Client Printed Name:	
Client/Legal Guardian Signature:	Date:
Signature of Nurse/TB Staff:	Date:
☐ Copy of this letter given ☐ Patient/	guardian refused to sign