



343-NonDOH March 2011



ISOLATION INSTRUCTIONS

Name: _____ DOB: _____ Date: _____

Your doctor has determined that you may be/are contagious for pulmonary Tuberculosis (TB). This means that you are able to spread the disease through coughing, sneezing, singing or shouting. TB is spread when people share the same air in a room or house with a contagious person. TB cannot be spread by sharing food, hugs or kisses, clothing, eating utensils or bathroom facilities.

You need to stay at home until the doctor notifies you that you are no longer contagious. This time period is different for each person. Do not go into buildings where there are people, including stores, church, school or work. This isolation does not prohibit you from obtaining legal or medical services.

If you have no other alternative, you may go inside a building, **but you must wear a properly fitted mask.** The mask you wore at Infections Ltd. for your appointment is sufficient. When you enter a facility, you must notify them that you have contagious tuberculosis. If there are questions, call the Tacoma-Pierce County Health Department at 253 798-6410, then press "0". Wearing a mask at home is not necessary, because anyone who was in your household before you were diagnosed has already been exposed.

During the isolation period, no one should enter your home except those persons who live in the residence. The bacteria remain in the air and can infect persons even if you are not in the house.

The TB germ is killed by sunlight and is diluted by having fresh air move through the room. Please try to keep curtains, shades or blinds open to let sunlight in. During warm months, please open windows to allow in fresh air. Use tissues to cover your mouth and nose when coughing or sneezing.

We realize that this isolation may be difficult for you, however, it is important to safeguard the public's health, and this is the responsibility of the Health Department. Tuberculosis is a disease that is easily prevented if precautions are taken, and it can be cured.

If you have any questions, call Dr. XXX, Dr. XXX or the Health Department.

I have read and understand the above instructions and information. I agree to follow these instructions until notified by my doctor that I am no longer contagious.

Patient or Representative Signature

Date

Health Department Representative

Date

Translator

Date

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).