



343-NonDOH March 2011

LETTER OF ISOLATION

Date: _____

Name: _____

Date of Birth: _____

Your evaluation indicates you may have active tuberculosis, for which you are being treated. Since it is likely you are/may be contagious, we will require you to be isolated.

Until removed from isolation by Snohomish Health District, Tuberculosis Control Program, you will be required to:

- 1) Keep away from other people. This means not going into stores, houses of other people, or other indoor public places. This isolation does not prohibit you from getting legal or medical services.
- 2) Wear a mask (which we have provided) when going to health and/or legal consultation. Before going to any such facility or office, you need to make them aware you may have active, contagious tuberculosis and recommend they call Snohomish Health District, Tuberculosis Control Program at (425) 339-5225 (Everett).
- 3) Remain at this specific address _____, or out of doors, not allowing children to be near you. In the event you need to change from this address, you must notify the Snohomish Health District Tuberculosis Control Program.
- 4) No visitors to your place of residence.
- 5) Use tissues to cover your mouth and nose for coughs or sneezes.
- 6) Keep windows open in your home, weather permitting.

It is very important for you to abide by these requirements. If you have any questions about this, please call 339-5225.

I have read the above requirements, have had a chance to ask questions and will abide by these requirements until removed from isolation.

Patient Signature

Witness Signature

Date

Date

Original to client; Copy to record

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).