

Date

### Public Health Directive

**Firstname Lastname (DOB: \_\_\_\_\_ )**  
**HR# \_\_\_\_\_**

Dear Mr / Ms. \_\_\_\_\_ ,

You currently have active tuberculosis (TB) of the lungs. Your medical evaluation, including medical history, chest X-ray and sputum examination, supports the diagnosis of tuberculosis. Without treatment, tuberculosis can be fatal and can spread to others.

In order to cure TB and avoid spreading TB, you must comply with all medications prescribed and follow the recommendations of the treating physician.

Public Health, Seattle & King County Tuberculosis Control Program's TB Clinic is treating you for tuberculosis. The TB Program assigned a Public Health Nurse to provide you with case management, an outreach worker to provide Directly Observed Therapy (DOT), and a physician in the TB Clinic to treat your TB.

<document compliance problems here>

<document directive/expectations here>

You must take TB medications as prescribed to cure TB and avoid spreading TB. Your failure to comply with TB medications is a threat to the public health.

If you fail to comply with this directive to complete your treatment plan, I may be forced to invoke my authority pursuant to RCW 70.28.031 to order, or to seek a court order, for your involuntary detention.

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).

Sincerely,

XXXXXX  
TB Control Officer

I have read the above requirements, have had a chance to ask questions and will abide by these requirements until treatment of TB is completed.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

cc: XXXXX  
Deputy King County Prosecuting Attorney