

ROSARY HILL HOME

TUBERCULOSIS (TB) THERAPY AGREEMENT

Patient's Name

Date of Birth

Patients who are immunocompromised (such as those with cancer) with latent TB are at risk for converting to active TB.

I understand that due to the positive result of my QuantiFERON test, Rosary Hill Home requires, as a condition for admission, that I undertake, and complete TB Therapy as outlined by Rosary Hill Home's Physician. I understand and agree that if I decide to discontinue TB treatment, I will need to relocate to another facility since Rosary Hill Home does not have the proper environment to care for Active TB patients if my condition should change from Latent to Active TB.

Patient's Signature: _____

Date: _____

Signature of the responsible person (Healthcare Proxy or next of kin) if patient is unable to sign:

Signature: _____

Relationship: _____

Name (Printed): _____

Cell Phone: _____

Address: _____

Home Phone: _____

Work Phone: _____