

## Refusal Form

I, \_\_\_\_\_, have been offered medicine to treat my tuberculosis infection, and choose not to accept this medicine.

‘ I understand that if I get tuberculosis disease I may give others TB. ‘ I have been given information about the signs and symptoms of tuberculosis disease. ‘ I understand that choosing not to take this medicine may increase my chances of getting active tuberculosis disease.

If I have any questions or choose to take the medicine in the future, I will call the:

Local Health Department Phone

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Client Signature Date

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Case Manager / Witness Signature Date

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Interpreter Signature Date

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