THE STATE of ALASKA
GOVERNOR BILL WALKER

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DIVISION OF PUBLIC HEALTH
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Tuberculosis Treatment Contract

I, _____, have been told and counseled by

_____ that I have active tuberculosis (TB).

The following has been explained to me:

- ☐ TB can be spread through the air to others.
- ☐ Without treatment, TB can cause severe illness, disability and death.
- ☐ TB treatment usually takes at least 6 months but may take 12 months or longer.
- ☐ I must take TB medications for my health and the health of others. This is so important that my TB medications will be provided by directly observed therapy (DOT). This means that a public health nurse (PHN), community health aide/practitioner (CHAP), or DOT aide will be assigned to deliver and watch me take my TB medications.
- ☐ I will be considered infectious until the Alaska TB Program gives me clearance. While infectious, I must isolate myself to avoid spreading TB to others.
  - I need to stay at home, without visitors, unless approved by the Alaska TB Program.
  - I will not visit the homes of others, churches, workplaces or other places where I will be in contact with others.
  - If I must go to the store, doctor, or use a taxi, I will wear a mask as instructed.
- ☐ I agree to follow-up medical evaluations with my health care provider to make sure that my TB is getting cured and I am not having side effects from my TB medications. This includes keeping appointments, and submitting to blood, sputum and x-ray examinations.
- ☐ I agree to notify the PHN, DOT aide/health aide or doctor of any medication side effects that I may have as soon as they occur.
- ☐ I agree to assist the PHN and the Alaska TB Program to identify my contacts because they may be at risk for tuberculosis. Contact Investigation is required to prevent and control TB. I understand that I will not be identified by my PHN Case Manager during the contact investigation.
- ☐ I have had an opportunity to ask questions and have had my questions answered.

The Alaska TB Program and my PHN Case Manager will do the following:

- ☐ Provide me with information about tuberculosis, how it is spread, how it is treated and what side effects I might have while taking TB medications.
- ☐ Provide all TB medications free of charge.
- ☐ Arrange for all TB medications to be given to me by a public health nurse (PHN), community health aide/practitioner (CHAP), or DOT aide.
- ☐ Work with me to find the most convenient time and place to provide directly observed therapy during my treatment.
- ☐ Arrange for my PHN, CHAP or DOT Aide to monitor and follow-up on any side effects to medications I may experience.
- ☐ Work with my health care provider to make sure that I receive and complete approved treatment for my TB.

_____ _____

Client Signature Date

_____ _____

PHN Case Manager Signature Date