**Appendix 4. Latent Tuberculosis Infection Treatment Declination or Postponement of Treatment**

I understand that:

* I have a confirmed positive tuberculosis (TB) test skin test or blood test (such as QuantiFERON® or TSpot®.*TB*), and a chest X ray that is negative for active TB disease. These show evidence that I was exposed to TB and that I have latent TB infection (LTBI).
* This LTBI is not currently communicable to others.
* LTBI can turn into active TB disease in the future, where it may become communicable to family members, patients, colleagues and the general public. The treatment of active TB disease requires multiple medications and, if untreated, can be fatal.
* Treatment of my LTBI with anti-TB medications will greatly reduce the risk of my LTBI ever becoming active TB.
* If I develop symptoms that may be active TB disease, I must immediately refrain from work and report these symptoms to a physician knowledgeable in TB diagnosis and treatment.
  + These symptoms include prolonged (>3 weeks) cough or bloody cough, drenching night sweats, unexplained weight loss and/or unexplained fevers.
* I have been encouraged to get treated for LTBI and have been given treatment information.
* I understand that by declining or postponing this treatment I continue to be at risk of developing active TB disease.

If I want to be treated for LTBI in the future, I can receive that treatment.

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Employee Signature Date

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Employee Printed Name Department and Location

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Occupational Health Staff Signature Date

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Occupational Health Printed Name Title