



**RUHS – Public Health
TB Control
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HOME ISOLATION INSTRUCTIONS AND AGREEMENT

As a person with active or suspected of having TB, these are some instructions that you must follow:

1. You may not work, attend school, go to other people’s homes, or go to public places (For example: banks, stores, post offices, bars, libraries, or places of worship), until cleared by Public Health
2. Keep your room well ventilated by opening a window whenever possible.
3. Cover your nose and mouth with tissue when you cough, or sneeze. (Discard the used tissue right away into the regular trash).
4. Avoid contact with anyone who is not a member of your immediate household until you are cleared to do so.
5. Avoid contact with babies and young children, especially your children under 5 years old.
6. If you must be around anyone who is not a member of your household, wear a mask. The mask will need to be changed every 20 – 30 minutes so that it does not become moist.
7. While on isolation, you may go outside in your yard, or take a walk within a block of your home.
8. If assistance is needed for basic necessities (e.g. grocery shopping – please contact TB Control at 951-358-5107.)
9. If you must go to your doctor’s office, or clinic before you are cleared, do the following:

- (A) CALL BEFORE YOU GO TO THE DOCTOR’S OFFICE OR CLINIC.**
- (B) WEAR A MASK**
- (C) HAVE SOMEONE GO WITH YOU TO ALERT THE STAFF BEFORE YOU ENTER.**

I have been informed of and understand the risk that TB presents to my health. I have also been informed that any person having the disease in an infectious state is required by State Law to observe the above instructions issued by the local Health Officer. Failure to adhere to these instructions and needlessly exposing others to infection is a misdemeanor punishable by fine, and/or imprisonment. Furthermore, I understand that Public Health may take legal action if I do not follow these provisions. I may call TB Control at (951) 358-5107 if I have any questions, or concerns about my restrictions.

I have read and understand the above precautions to prevent the spread of Tuberculosis.

Print Patient’s Name/Patient’s Signature

Date

Nurse/Case Manager Signature

Date

**Rev. 04/21
WM-Eng**