

**OKLAHOMA DEPARTMENT OF CORRECTIONS
PREVENTIVE THERAPY WAIVER
FOR TUBERCULOSIS (TB) INFECTION**

Please read the following information concerning tuberculosis infection before waiving your rights to treatment. Healthcare personnel will be available to answer any questions you may have regarding tuberculosis and treatment.

TB is a disease caused by an infection with the TB germ. It is spread to others by coughing, sneezing or singing when the germs are released into the air that other people breathe. When these germs are breathed into someone's lungs, they can either cause disease or infection. Disease is contagious and infection is not.

The early stage of the infection usually produces no illness, although germs are spread through the bloodstream to other locations and organs. An infection can heal without being noticed. Even though the early infection heals, some germs usually remain alive somewhere in the body, potentially progressing into active TB disease later in life.

A positive TB skin test indicates that a person has been infected with the TB germ. A chest x-ray will be taken to be sure that you do not have the TB disease. About 10% of the people with TB infection will develop TB disease in their lifetime. Treatment of TB infection can help prevent this.

The medications (pills) that you need to take to prevent your infection from becoming disease will be provided to you free. You will be given these medications twice a week. You will take one medication, (Isoniazid or INH), and one vitamin, B6 (pyridoxine) for a period of 6-12 months depending on the doctor's orders. **REFUSING TO TAKE THE PRESCRIBED COURSE OF PREVENTIVE THERAPY FOR TUBERCULOSIS INFECTION WILL PLACE YOU AT AN INCREASED RISK FOR DEVELOPING ACTIVE TUBERCULOSIS DISEASE AT SOME TIME IN THE FUTURE.**

I have read the above information concerning TB infection and treatment and have had any questions answered. I understand that I may increase my risk of developing TB disease if I do not take the treatment. I am willing to accept that risk.

Facility: _____

Inmate Signature: _____ DOC #: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Name
(Last, First)

DOC #
