

James N. Elkins, FACHE
Hospital Director

David L. Forshey, MHA
Assistant Hospital Director

Robert N. Longfield, M.D., F.A.C.P.
Clinical Director



William R. Archer III, M.D.
Commissioner of Health

Patti J. Patterson, M.D., M.P.H.
Executive Deputy Commissioner

**COMMUNICABLE DISEASE ORDER
(Pursuant to Tex. Health & Safety Code § 81.083)**

There is a reasonable cause to believe that you have the communicable form of tuberculosis (TB) which affects the lungs or the voice box. TB poses a real threat to the public health because it can be spread to others through the air by coughing or sneezing during close, indoor contact. The purpose of this letter is to inform you of the Texas law regarding communicable diseases, such as TB, and about what you ordered to do to prevent the spread of TB while you are a patient here.

The Communicable Disease Prevention Act, Chapter 81 of the Health & Safety Code requires every person who has communicable TB to be under the care of a licensed physician until the person is cured or free from infection. Any person who violates the provisions of this law or who fails to follow the direction of the attending physician or the local health authority, may be confined until that person no longer is a danger to the public health.

You are ordered:

- a. to comply with the treatment and take medicines your physician prescribes to cure your infection and to prevent any spread of the disease,
- b. to remain on the hospital grounds until you are discharged or given a pass,
- c. to refrain from consuming alcohol and any other drugs, legal or otherwise, that have not been prescribed by your physician, and
- d. to help identify persons you had contact with who may be infected with TB.

In the event that you fail to follow this order, the hospital will seek a court order for your confinement to complete treatment. Your full cooperation greatly increases the likelihood that your infection will be cured and that you will not continue to be a threat to your family, friends or the community. Please help us help you get well?

Sincerely,

Dr. Robert N. Longfield
Clinical Director

(Continued on reverse)

Texas Center for Infectious Disease
2303 S.E. Military Drive Tel: (210) 534-8857
San Antonio, Texas 78223-3597 Fax: (210) 531-4502



I, _____, have read the information above (or have had it translated for me) and I agree to follow this order.

Signature: _____ Date: _____

Witness: _____ Date: _____

NOTE TO PERSON PRESENTING THIS LETTER TO THE PATIENT, PARENT, LEGAL GUARDIAN, OR MANAGING CONSERVATOR:

1. The patient, parent, legal guardian, or managing conservator if the patient is a minor will be given a copy of this letter.
2. After the patient, parent, legal guardian, or managing conservator has read the letter or has had it read or translated to them, ask the patient, parent, legal guardian, or managing conservator to sign and date above.
3. If the patient, parent, legal guardian, or managing conservator refuses to sign the acknowledgment, write "refused to sign" in the signature block.
4. If the patient, parent, legal guardian, or managing conservator is unable to sign the acknowledgment, write "unable to sign due to:" in the signature block and state the reason that the patient, parent, legal guardian, or managing conservator was unable to sign.
5. You will sign and date above as witness that the letter was presented and explained to the patient, parent, legal guardian, or managing conservator.
6. The original letter will be forwarded to the Admissions Office and a copy will be placed in the patient's medical record.

END OF LETTER