



TUBERCULOSIS MEDICAL HOLD

Last Name	First Name
Inmate Identification Number	Date of Birth
Facility	City

Active TB Disease

Suspected TB Disease

The above person in custody has confirmed or suspected tuberculosis (TB) and may pose a health risk to others. A medical hold is recommended until an appropriate treatment plan is established and continuity of care is arranged at a facility with adequate health resources.

Current designated transfer facility: _____

Scheduled transfer date: _____

Reason for medical hold

Check all that apply:

- Adequate health resources for continuity of care are not available at currently designated receiving facility
- Airborne Infection Isolation Rooms (AIIR) are not available to accommodate infectious patients in designated receiving facility

Action Plan

Check all that apply:

- Seek alternative transfer facility with adequate health resources
- Seek alternative transfer facility with an available AIIR
- Retain in present housing facility until patient is released from isolation
- Retain in present housing facility until patient completes treatment

Date of notification to local health department: _____

Name of Person Notified: _____

Phone number of person notified: _____

Date of notification to current designated receiving facility: _____

Name of person notified: _____

Phone number of person notified: _____

Date recommended for transfer to alternative location: _____

Name of alternative transfer location: _____

Form completed by (Printed Name)

Signature

Date