TUBERCULOSIS ISOLATION ORDER

To: _____ Date: _____

Address: _____

Pursuant to the provisions of Colorado Revised Statutes 25-4-507, the undersigned medical health officer has determined that you have tuberculosis or suspect tuberculosis in an infectious stage and that it is immediately necessary that you be isolated for the preservation and protection of the public health.

You are hereby placed in **ISOLATION** at _____
(Name of Institution or Place of Isolation)

The initial isolation period will be from the date you are served with this order until _____, on which date you will be re-examined, or at any other time requested by you to determine whether or not the tuberculosis continues to be infectious. When it is medically determined by public health that your disease is no longer infectious and communicable, this Order will be discontinued.

Immediate issuance of this order is necessary for the preservation of public health, safety, or welfare. Observance of the requirements of the Administrative Procedures Act would be contrary to the public interest.

If you violate or fail to comply with this Order, further legal action may be pursued as provided in Colorado Revised Statutes 25-4-509.

You have the right to request release from isolation by contacting: _____
(*local public health designee – name and phone number*)

If release from isolation is requested, isolation shall not continue for more than five business days after the request for release, in the absence of a court order authorizing the isolation.

Service of a copy of this Order is hereby acknowledged by the **Subject**:

_____
(Subject's Signature) *(Date)*

This order was served by:

_____
(Name)

_____
(Time, date, and location)

Issued by:_____
(Signature)

Dr. _____
(Type or print name of Chief Medical Health Officer)

_____
(Type or print name of Health Department/Agency)

If an interpreter was used:

*Name/ID number of interpreter:*_____

*Name of Interpreter Agency:*_____