Termination of Tuberculosis Isolation Order

To: _____ Date:_____

Address: _____

Pursuant to the provisions of Colorado Revised Statutes 25-4-07, the _____ _____Public Health Department hereby terminates the Tuberculosis Isolation Order issued to the above-named person on the _____day of _____, 20___.

This Termination of Tuberculosis Isolation Order shall take effect immediately upon service to the above named person.

If you have questions regarding this Termination of Tuberculosis Isolation Order, please Contact the Tuberculosis Program at the Health Department at ( ) .

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

_____ Issued by: _____

(Subject's Signature) *(date)*

_____

(Type or print name of Health Officer)

This order was served by:

_____

(Name) *(Title)*

_____

(Time, date and location)