



Missouri Department of Health and Senior Services  
**Refusal of Tuberculosis Therapy**

**Documentation to Decline Treatment of Latent TB Infection (LTBI)**

I have been identified as being infected with tuberculosis. I have had explained to me that I have a lifetime risk of developing tuberculosis disease. My physician has prescribed a course of treatment for LTBI. Treatment with this medication will prevent the disease in most individuals who complete a recommended course of treatment.

Without treatment for LTBI, the risk of developing tuberculosis (TB) in the first year following infection is approximately 5%. If the medication is not taken, I have a 1 in 20 chance of developing active TB disease within the first year. After the first year, the risk of developing TB disease is less. For recently infected individuals and others at high risk for disease, that risk is greater than the risk associated with INH treatment.

I have read the information on this form about treatment for LTBI. I understand the benefits and risks of taking treatment. I have had an opportunity to ask questions.

The health department has offered to provide me with nursing case management to decrease my risk for developing tuberculosis disease. However, I have chosen not to take the medication as recommended. If I should change my mind, I understand that the Health department will be available to advise me on this matter.

Name (Print)	Date of Birth
Address (Street, City, State, Zip)	County
Signature of person refusing LTBI treatment or parent, guardian or other authorized person	Date
Witness Name (Print)	
Witness Signature	Date