STATE OF MISSOURI)
) ss.
County of _____)

AFFIDAVIT

I, _____, (name of provider) of lawful age and being first duly sworn, do hereby state the facts contained in the Affidavit are true to my best knowledge, information and belief.

That I am presently licensed as a (List license R.N., M.D. etc.) in the State of _____. As a part of my education, training and experience in the health care field, I have worked closely with patients who were treated for active tuberculosis. Additionally, I have _____ years of experience in the area of treatment of persons with tuberculosis. I am currently employed at (list treatment facility/or department), located in (list city and county).

_____ is a patient at the _____ (list facility where the patient is being treated). Further during treatment and testing of _____ , (name of patient) was diagnosed as having active tuberculosis. The basis of the diagnosis of active tuberculosis was:

(Here list the relevant diagnosis information) Example:

1. An abnormal x-ray.
2. A positive smear report indicating acid-fast bacilli (AFB). Attached Exhibit
3. A culture report of the sputum of Amy Jones showing AFB was present. Attached as Exhibit 2.

During the treatment of _____ (patient name), Mr./Ms. _____ (patient last name) was advised of the responsibilities of a tuberculosis patient as evidenced by the Patient Responsibilities Notification form signed by _____ (patient name) on (list date), a copy of which is attached to this affidavit and incorporated herein by reference. Attached as Exhibit 3.

Further, _____ (patient name) has refused to follow the treatment plans as outlined for her by her treating physicians. By failing to follow the treatment plans, _____ (patient name) is creating a health risk to himself/herself and the general population at large. Moreover, if _____ is not ordered to follow a prescribed treatment plan (list here results of her failure to follow the plan and any other relevant information you may have to show why the court should issue its order).

_____
(name or provider)

On this _____ Day of _____ in the year 20__ before me, Ima Friend (name of notary), a Notary Public in and for said state, personally appeared Florence Nightingale (name of individual), known to me to be the person who executed the within Affidavit, and acknowledged to me that she executed the same for the purposes therein stated.

_____
Notary Public

(Notary Seal or Stamp)