

DISCHARGE OF THIS CLIENT:

Name: _____

REQUIRES PRIOR APPROVAL FROM THE HEALTH DEPARTMENT

Review the Health Department Tuberculosis (TB) Discharge Procedure form and fax the TB Discharge Authorization Request form found on www.santacruzhealth.org/tb at least one to two business days prior to anticipated discharge to get approval.

Fax: 831-454-5049

For questions: Call the Health Department Communicable Disease Unit at 831-454-4114