



Public Health Division
Communicable Disease

TUBERCULOSIS (TB) DISCHARGE NOTIFICATION



Public Health
Prevent. Promote. Protect.

Santa Cruz County

ONLY - Low Risk TB Suspects – ONLY

- If your patient is a **low risk suspect** for active TB disease and meets the four conditions below, he / she may be discharged without prior authorization from the Santa Cruz County Communicable Disease Unit (CDU) once this form is completed and faxed with the required documentation.
 - **Four Required Conditions:**
 - ❖ Resident of Santa Cruz County; not homeless
 - ❖ Immunocompetent adult
 - ❖ Released from airborne isolation
 - ❖ Has a **completed** infectious disease (ID) consultation indicating that he / she is a low risk suspect for active TB disease.
- Please fully complete Parts I and II below, and fax this form with the required documentation to the Santa Cruz County CDU at 831-454-5049.

To be Completed by the Discharging Facility			
Name:	Date of Birth:	Discharging Facility:	
County of Residence:			
Part I Patient was released from airborne isolation; it is unlikely he /she has active TB disease. Date released from respiratory isolation per hospital policy and procedure: _____			
Part II Infectious Disease (ID) consultation has been completed Date ID consultation completed: _____ <ul style="list-style-type: none"> • ID consultation report must be faxed to the Santa Cruz County CDU with this form to be exempt from the prior authorization requirement for TB discharge. 			
Form Completed by:	Date Completed:	Phone Number:	Fax Number: