

DISCHARGE OF THIS CLIENT:

Name: _____

REQUIRES PRIOR APPROVAL FROM THE HEALTH DEPARTMENT

Review the Health Department Tuberculosis (TB) Discharge Procedure and fax the appropriate discharge form found on www.santacruzhealth.org/tb prior to anticipated discharge. The high risk discharge form requires prior approval.

Fax: 831-454-5049

For questions: Call the Santa Cruz County Communicable Disease Unit at 831-454-4114