



Medical Student Health Service

Refusal of Treatment for Latent TB Infection

I acknowledge that Latent Tuberculosis Infection (LTBI) treatment has been recommended to me following a positive TB test.

I understand that although my Chest X-ray is negative for active TB disease, this positive TB test constitutes Latent TB infection (LTBI).

By signing this form I am acknowledging my refusal to accept the treatment plan recommended by the CDC for the management of LTBI.

In refusing this treatment I also understand that my risk for developing active Tuberculosis disease at some later time in my life is about 10%.

I will assume the risks and consequences involved in my decision and release NYU Grossman School of Medicine and its Doctors, Nurses, Employees, and Agents from all liability for respecting and following my direction.

Student's name: _____ Class: _____

DOB: _____ Date: _____

Address: _____

Phone# _____

Student's Signature: _____

Witness/NP/MD Signature: _____