

# Patient Guide on Community Respiratory Precautions

Patient Name:

DOB: / /

Health Department:

Case Manager:

How to contact Health Dept./Case Manager:

Week:

Date:

**The following are my plans for this week (fill out highlighted/bolded information).**  
The health department will then review your plan with you for this week and provide guidance.  
This will be updated weekly until you are off Respiratory Restrictions.

**Where I plan on staying (where I will be sleeping) the next week:**

Three horizontal lines for text entry.

Public health input:

**Places I plan on going to in the next week include (fill out the bolded/highlighted list):**

The health department will review these with you know if it's safe to go or if there are restrictions.

**Work:**

*Not safe to work in person: Date start:*

*Date End:*

*Okay with mask: date:*

*Safe to return to work without mask: date:*

*Other instructions:*

**School:**

*Not safe to return in person: Date start:*

*Date End:*

*Safe to return to school: Date:*

**Activities/other places:**

*Which ones are safe without mask:*

*Okay with mask:*

*No recommended (until off Respiratory Restrictions):*

**Transportation/Travel plans:**

*Public health input:*

**The following are my questions for the health department regarding respiratory precautions and what I can do to help decrease the risk of spreading TB to others:**

*Health department answers:*

Additional comments:

