

Request for Placing Patient on Do Not Board List

Date:

To: Quarantine Officer in Charge

Re: Patient Name
Date of Birth

Dear (Quarantine Officer Name)

On (date) my office was notified of a patient diagnosed as a suspect or case of pulmonary and/or laryngeal tuberculosis disease (list bacteriologic evidence, i.e., smear positive/*M. tuberculosis complex* identified on [specimen type] collected on [date]) who planned to travel to (destination) via commercial air travel. At the time, the patient was not on effective therapy and it was determined that there is a substantial likelihood that the patient may transmit TB to passengers and the flight crew. The patient and his or her family were educated regarding his disease process, recommended treatment, and the risk of tuberculosis transmission to others. [Add legal orders served].

At this time, the patient is under care of the (Health Center or PMD name) and has not met CDC criteria for air travel aboard a commercial flight. The patient has demonstrated an intent to travel by (list evidence, i.e., patient statement, current reservation, etc). Therefore, I request the patient be placed on a Do Not Board list. My office will notify the (station name) Quarantine Officer when the patient has met CDC criteria for travel aboard a commercial flight at which time the patient may be removed from the Do Not Board list.

Sincerely,

TB Controller

CONFIDENTIAL