



Colorado Department  
of Public Health  
and Environment

**ORDER FOR MEDICAL EVALUATION FOR TUBERCULOSIS**

To: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Pursuant to the provisions of Colorado Revised Statutes 25-4-503, and 25-4-506 the undersigned chief medical health officer has reason to suspect that you have tuberculosis in an infectious stage. This is based on the following information:

\_\_\_\_\_

Therefore, for the protection of the public health, it is necessary that you undergo medical tests to evaluate whether you have the disease and whether you are currently contagious.

The medical tests you are hereby required to undergo are: \_\_\_\_\_

\_\_\_\_\_

You must submit to this test(s) \_\_\_\_\_

If the test(s) show that you have tuberculosis in a contagious stage, you will be required to either take medicines to treat the disease or if you refuse, you will be placed in quarantine. If the test(s) show that you are infected with tuberculosis but do not have tuberculosis in a contagious stage, you will be offered medicine to prevent development of the disease.

Immediate issuance of this order is imperatively necessary for the preservation of public health, safety, or welfare and observance of the requirements of the Administrative Procedures Act would be contrary to the public interest.

If you violate or fail to comply with this Order, the District Attorney will be informed and you may be charged and convicted of a misdemeanor as provided in Colorado Revised Statutes 25-4-509.

Service of a copy of this Order is hereby acknowledged by the **Subject**:

\_\_\_\_\_  
(Subject's Signature) (Date)

**This order was served by:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Time, date, and location)

Issued by: \_\_\_\_\_  
(Signature)

Dr. \_\_\_\_\_  
(Type or print name of Chief Medical Health Officer)

\_\_\_\_\_  
(Type or print name of Health Department/Agency)