



Homecare, Inc. dba Homewatch CareGivers  
PO Box 20886, Boulder, CO 80308-3886  
303-444-1133  
www.HomewatchCareGivers.com

I, \_\_\_\_\_, decline to take a TB Test or Chest X-Ray due to my religion or personal beliefs.

\_\_\_\_\_ I attest that, to my knowledge, I have not been exposed to active tuberculosis.

\_\_\_\_\_ I attest that I have not in the past been diagnosed with or treated for active tuberculosis disease, exhibited a positive result to a TB/PPD test, or displayed a positive chest x-ray for TB.

\_\_\_\_\_ I attest that I do not exhibit any of the following symptoms:

- A cough with thick, cloudy, and sometimes bloody mucus from the lungs ([sputum](#)) for more than 2 weeks.
- Fever, chills, and night sweats.
- Fatigue and weakness.
- Loss of appetite and unexplained weight loss.
- Shortness of breath and chest pain.

\_\_\_\_\_ I decline to take a TB/PPD Test and/or chest x-ray and I voluntarily agree to release, discharge, indemnify and hold harmless Homewatch CareGivers, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands or causes of action on account of any loss or personal injury that might result from declining the TB/PPD test and/or chest x-ray.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_