



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

**တၢ်သမံသမိးကွၢ် ထံၣ်ဘံၣ် တၢ်ဆါ
တၢ်သမၤသမံသမိးကွၢ်တၢ်ဆါ**

ယန့ၢ်ဟံၤလၢ ဘၣ်သ့ၣ်သ့ၣ်ယကအိၣ်ဒီး ထံၣ်ဘံၣ် တၢ်ဆါအယိတၢ်န့ၣ်လီၤယၤလၢယကသမံသမိးကွၢ်တၢ်ဆါအဂီၢ်န့ၣ်လီၤ. ယ
ယုထၢလၢ ယတၢ်ဒီးတၢ်သမံသမိးမၤကွၢ်ခဲကန့ၣ်အံၤဒံးဘၣ်. ယသ့ၣ်ညါလၢ ယဆိတလဲယတၢ်ဆိကမိၣ်သ့ထီၣ်ရီၤတဘျီလီၤ. ယ
မ့ၢ်မိၣ်မၤကွၢ်ယသးန့ၣ်ကဘၣ်ဆဲးကျိးဆုယကသံၣ်သရၣ်အအိၣ်ဖဲ, **Kane**ခီထံၣ်ဆူၣ်ချ့ဝဲၤကျိၤ, ထံၣ်ဘံၣ်တၢ်တီၢ်ကျဲၤအအိၣ်,
လီၤတံစီနီၣ်ဂံၢ် ၆၃၀-၂၆၄-၇၆၆၅ န့ၣ်သ့ဝဲဒၣ်လီၤ. ယမ့ၢ်တအိၣ်လၢ **Kane** ခီထံၣ်လၢဘၣ်န့ၣ်, ယဆဲးကျိးယလီၢ်ကဝီၤ
ဆူၣ်ချ့ဝဲၤကျိၤအအိၣ်ဒ်သိးကမၤကွၢ်အဂီၢ်သ့ဝဲဒၣ်လီၤ.

**TUBERCULOSIS PROGRAM
TESTING REFUSAL**

I understand that I may have been exposed to tuberculosis, and that TB testing has been recommended to me. I **choose not to be tested** at this time. I understand that I can change my decision at any time. If I want to be tested, I can contact my own physician, the Kane County Health Department TB program at 630-264-7665. If I do not live in Kane County, I can contact my own local health department for testing.

မံၤ (Name): _____ အိၣ်ဖျဲၣ်မ့ၢ်နံၤ (DOB): __/__/__

ဆဲးလီၤမံၤ (Signed): _____

(မ့တမ့ၢ်နီၢ်ကစၢ်ဘၣ်န့ၣ်, ဒီးဘူးဒ်လဲၣ်အဂ့ၢ်) (Relationship if other than client) _____

ပှၤအုၣ်သး (Witness): _____ မ့ၢ်နံၤ (Date): _____