First N	ame	MI	
	Month	Day	Year
	First N	First Name	

Use the table below to document the medication(s) given to the patient monthly for self-administration. Use the reverse side to document directly observed therapy (DOT).

North Carolina Department of Health and Human Services Division of Public Health • Epidemiology Section

Tuberculosis Drug Record

DRUG ORDERS											
Drug	Dosage	Date Ordered	Prescription #	Date D/C							
INH											
RIF											
PZA											
EMB											

Dete		INH			RIF			PZA			EMB					
Date Drug Given	No. Tabs	Mg	Refill Due	No. Tabs	Mg	Refill Due	Given By									

Freatment Observer(s)									
Initials	Print Name	Signature							

Directly Observed Daily or Intermittent Drug Therapy Record

__ DOB _____

Drug	Dosage	Frequency	Date Started	Date Stopped
INTENSIVE PHASE				
INH				
RIF				
PZA				
EMB				
Rifapentine				
Moxifloxacin				
CONT. PHASE				
INH				
RIF				
Rifapentine				
Moxifloxacin				
Sputum Conversion Da	te: Weig	ht: Reason for	prolonged therapy (if indicated):	

Enter dates for the week in the first column, then enter initials when meds are observed being ingested. Enter the name of the treatment observer and associated initial on the reverse side. Use key below if full dose not observed. Use a new sheet if more weeks are needed.

Enter dates for the example 1/5/20 - 1	e week: /11/20	Sun	Mon	Tu	es	Wed	Thurs	F	ri	Sat
Key:	Self-ad	ministered (S)	Vomited v	1	Held (H)	Missed Dose)	Partial Reintro	Dose During duction (P)

Enter dates for the week example 1/5/20 - 1/11/20	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		<u> </u>	<u> </u>				
Кеу:	Self-administered (S	Vomited V	H	eld (H)	Missed Dose) Partia Reint	al Dose During roduction (P)