



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF COMMUNITY & PUBLIC HEALTH
TUBERCULOSIS MEDICATION DIRECTLY OBSERVED THERAPY (DOT)

CLIENT NAME	DATE OF BIRTH /	COUNTY	ALLERGIES
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**Admin Codes: D = DOT S = Self Administered F = Failed Dose (In Red) H = Held Dose DC = Discontinued SU = Set up
 X = Special Circumstance (Notify State TB Control Program)**

First Line Meds: INH = Isoniazid RIF = Rifampin PZA = Pyrazinamide EMB = Ethambutol B6 = Pyridoxine RPT = Rifapentine RFB = Rifabutin
Second Line Meds: LFX = Levofloxacin MFX = Moxifloxacin CS = Cycloserine ETA = Ethionamide LZD = Linezolid CFZ = Clofazimine BDQ = Bedaquiline DLM = Delamanid

The Health Care Personnel/Observer and Patient should initial the form each day medication is given/ingested

MONTH/YEAR	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ADMINISTRATION CODE																															
MEDICATIONS (Include Dose & Frequency)																															
INH																															
RIF																															
PZA																															
EMB																															
B6																															
OTHER																															
OTHER																															
OTHER																															
OBSERVER INITIALS																															
CLIENT INITIALS																															

OBSERVER SIGNATURE	RECEIVED TRAINING ON DOT <input type="checkbox"/> Yes <input type="checkbox"/> No	LPHA INSTRUCTOR NAME (FOR DOT)
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CLIENT/LEGAL GUARDIAN SIGNATURE	
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COMPLETED DOSES TAKEN THIS MONTH _____ daily _____ 3x/wk _____ 5x/wk _____ DOT _____ SAT	COMPLETED DOSES TAKEN TO DATE _____ daily _____ 3x/wk _____ 5x/wk _____ DOT _____ SAT
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