TUBERCULOSIS
DOT Calendar Log

Patient's Name: _____ Address: _____

Birth Date: _____ Phone: _____ Site of DOT: _____

Special Instrutions: _____

In boxes: **Initial days DOT witnessed; place ' P ' if packet given; or ' 0 ' if appt is missed & state why on back of form.**

May 2008

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	**26**	27	28	29	30	31

June 2008

Sun	Mon	Tue	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July 2008

Sun	Mon	Tue	Wed	Thur	Fri	Sat
		1	2	3	**4**	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	**24**	25	26
27	28	29	30	31		

August 2008

Sun	Mon	Tue	Wed	Thur	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

MEDICATION	DOSAGE	FREQUENCY	START DATE	STOP DATE
INH (300 mg)				
RIF (300 mg)				
EMB (400 mg)				
PZA (500 mg)				

Outreach Worker/Nurse Initials Initials

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Treatment Completed Date: _____