LATENT TB INFECTION - DIRECTLY OBSERVED TREATMENT
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
SFN 54414 (4-05)

Mail or fax at the end of the month to:
TB Program
Division of Disease Control
North Dakota Department of Health
2635 E. Main Ave., PO Box 5520
Bismarck, N.D. 58506-5520
Fax: (701) 328.2499

Instructions: The individual witnessing directly observed treatment should initial each day DOT is conducted and indicate type of medication administered using number from medications listing below. Send this form at the end of every month to the Division of Disease Control.

Patient Name	**Date of Birth**	**Site Where DOT Provided**
Address		**Primary DOT Provider**
Phone		**Special Instructions**

Year:

Month	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	Date Issued	MD	Changes/Deletions	Dosage	Frequency	Date	MD
1.									
2.									

Comments (continue on back page, if necessary):_____