



**LATENT TB INFECTION DIRECTLY OBSERVED TREATMENT**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DISEASE CONTROL AND FORENSIC PATHOLOGY  
 SFN 54413 (06-2023)

Mail or fax at the end of the month to:  
 HHS, Disease Control  
 TB Program  
 600 E Boulevard Ave., Dept. 325  
 Bismarck, N.D. 58505-0250  
 (701) 328.2499 (f)

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

<b>Patient Name</b>	<b>Date of Birth</b>	<b>Site Where DOT Provided</b>
<b>Address</b>		<b>Primary DOT Provider</b>
<b>Phone</b>		<b>Special Instructions</b>

<b>Year:</b>																																
<b>Month</b>	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): \_\_\_\_\_