



RIFAMPIN SIDE EFFECTS MONITORING CHECKLIST

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISEASE CONTROL AND FORENSIC PATHOLOGY
SFN 61533 (06-2023)

Client Information

Client Name:		Date of Birth:	
Address:	City:	State:	ZIP Code:

Patient undergoing RIF preventive therapy should be advised to discontinue medication and seek medical attention immediately upon development of any of the listed signs/symptoms.

Signs/Symptoms

	1 st Month		2 nd Month		3 rd Month		4 th Month	
	YES	NO	YES	NO	YES	NO	YES	NO
Less appetite or no appetite for food								
An upset stomach or stomach cramps								
Nausea or vomiting								
Cola-colored urine or light stools								
Easy bruising or bleeding								
Rash or itching								
Yellowing skin or eyes								
Severe weakness or tiredness								
Fever								
Head or body aches								
Dizziness								
Other (specify):								

Note: It is normal if your urine, saliva or tears become orange-colored. Soft contact lenses may become stained.

Completion of Treatment

Treatment Start Date:
Treatment Completion Date:

Agency/Facility Submitting Report

Agency/Facility Submitting Report:	
Nurse Signature:	Date:
Comments:	

Fax completed form to 701.328.2499 or
call 800-472-2180 with any questions.