



Directly Observed Therapy Agreement

Active Tuberculosis (TB) Disease

Patient name (last) _____ (first) _____

Date of birth _____

Guardian (if applicable) _____

Treatment of active TB disease with prescribed medications will in most cases cure TB. TB medications normally must be taken for 6 to 9 months, and sometimes longer. TB medications should be administered through directly observed therapy (DOT) which is coordinated through the local health department or IHS (or tribal health department).

DOT requires that you take your TB medications while being observed by a public health nurse or other designated staff as indicated below:

Location _____

Days Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time _____ am/pm

Your nurse may coordinate other days and times (eg. on the weekends) when you can take medications on your own.

If you do not follow your DOT schedule as outlined, your TB disease could worsen and you could spread the disease to others. If you do not comply with your DOT schedule, it may be necessary to pursue legal action against you, which if convicted, may result in court ordered detainment for your treatment.

I have read the above information, understand it, and agree to the conditions.

Patient (or guardian) signature

Date

Interpreter signature (if applicable)

Date

Nurse/clinician signature

Date

Copy of agreement given to patient _____ (Nurse Initials)