



## Directly Observed Therapy Agreement Latent Tuberculosis Infection (LTBI)

Patient name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Date of birth \_\_\_\_\_

Guardian (if applicable) \_\_\_\_\_

LTBI medications normally must be taken for \_\_\_\_\_ months. Certain regimens of LTBI medications should be administered through directly observed therapy (DOT) which is coordinated through the local health department, IHS (or tribal health department), or another designated entity.

DOT requires that you take your LTBI 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. It is important to follow your DOT schedule as outlined.

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 \_\_\_\_\_ (Initials)