Notes

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REPUBLIC OF KENYA

MINISTRY OF HEALTH

Ministry of Health

National Tuberculosis,Leprosy and Lung Disease Program

Unit Serial No. _____ TB-01

TUBERCULOSIS APPOINTMENT CARD

County	Sub county
Reg. No.	Clinic

Name		
Address	Age	
Mobile No:	Sex	

Pulmonary tuberculosis	Smear +ve		Extra-pulmonary	
	Smear -ve			

Adult	Children
New and retreatment cases 2RHZE/4RH	New and treatment cases 2RHZE/4RH

Date start treatment	
Date Cured or TC	

Monthly body weight (kg)								
Start	1	2	3	4	5	6	7	8

March 2016

Intensive Phase (56 x daily dose RHZE/RHZ/S)
Write date

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	32	33	34	35
36	37	38	39	40	41	42
43	44	45	46	47	48	49
50	51	52	53	54	55	56
57	58	59	60	61	62	63
64	65	66	67	68	69	70
71	72	73	74	75	76	77
78	79	80	81	82	83	84

Intensive Phase

Regimen	Tick	Duration (in months)
RHZE (150/75/400/275mg).....tabs/day		
RHZ (75/50/150mg).....tabs/day		
RHZ (60/30/150mg).....tabs/day		
RH (60/60mg).....tabs/day		
Ethambutol (100mg)..... ..tabs/day		
Ethambutol (400mg)..... tabs/day		

Continuation Phase

Regimen	Tick	Duration (in months)
RH (150/75 mg).....tabs/day		
RHZ (75/50mg).....tabs/day		

Sputum evaluation results

Two-weekly drug collections

Date of collection	Date due	Date of collection	Date due

Sputum smear examinations at month:

	0	2	3	5	6	8
Result						
Date						
Serial No.						