



Tuberculosis Preventive Therapy (TPT) Client Appointment Card

CCC No :

Client Name (three names)	
County:.....	Sub county:.....
Facility:.....	Sub County Reg No:.....
Phone no.....	National ID/NEMIS:.....
Sex:.....	Male <input type="checkbox"/> Female <input type="checkbox"/>
Age/Years:..... Months:	Date initiated on TPT :
Weight (Kgs):.....	

Treatment Options (Regimen)	Tick✓
3RH	
3HP	
6H	

Transferred Out	Tick✓	Date

TREATMENT OUTCOMES

Outcome	Tick✓	Date
Treatment Completed		
Discontinued**		

Reasons for Discontinuation	(Tick (✓) all that apply)
Adverse drug reaction	
Active TB disease	
Others (Specify)	

Drug Collection Schedule

Collection date	Date for next visit

Notes

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**Remember to take care of your card and carry it during all clinic visits.
TB Prevention starts with you.**

