

REPUBLIC OF KENYA



MINISTRY OF HEALTH

Unit Serial No. _____ TB-01

TUBERCULOSIS APPOINTMENT CARD

County:	Sub county:
SC. Reg. No.	Facility:

Name:		
National ID No/NEMIS:		
Physical Address:	Age	
Mobile No:	Sex	

Pulmonary tuberculosis	Bacteriologically Confirmed		Extra-pulmonary	
	Clinically Diagnosed			

Date start treatment	
Date of outcome	

Body weight (kg)							
Month	0	1	2	3	4	5	6
Weight							

September 2020
MOH/DNTLDP/TBAC/01

Intensive Phase

Date of start of treatment: _____

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

Intensive Phase regimen		
Regimen	Tick	Duration (months)
RHZE (150/75/400/275mg).....tabs/day		
RHZ (75/50/150mgtabs/day		
Ethambutol (100mg)tabs/day		
Ethambutol (400mg) tabs/day		

Continuation Drug collections

Date of collection	Date due	Date of collection	Date due

Result Sputum Examination

	Initial test		Month 2	Month 3	Month 5	Month 6
	Xpert	Smear				
Date						
Serial No.						
Result (Quantify						

