

MEDICATION TRACKER

The 4 Months Daily Rifampin Schedule for Latent Tuberculosis (TB) Infection

Your Medication Schedule

(Providers: Indicate the appropriate number of pills)

Medicine	Number of pills per week	Frequency	Duration	Doses
Rifampin: mg	TOTAL:	Once a day	4 months	120

Keeping Track of Your Treatment

On the table below, check the box and write the date to show when you took your medicine.

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Example May 4-10	<input checked="" type="checkbox"/> 05/04	<input checked="" type="checkbox"/> 05/05	<input checked="" type="checkbox"/> 05/06	<input checked="" type="checkbox"/> 05/07	<input checked="" type="checkbox"/> 05/08	<input checked="" type="checkbox"/> 05/09/2020	<input checked="" type="checkbox"/> 05/10/2020
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							
Week 7							
Week 8							
Week 9							
Week 10							
Week 11							
Week 12							
Week 13							
Week 14							
Week 15							
Week 16							



Centers for Disease Control and Prevention
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

www.cdc.gov/tb

SYMPTOM CHECKLIST

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Patient Name:



Normal Side Effects

Most people can take their TB medicines without any problems. The rifampin medicine may cause your urine (pee), saliva, tears, or sweat to appear an orange-red color. This is normal and the color may fade over time.



STOP taking your medicine and CALL your TB doctor or nurse right away if you have any of the problems below:

Less appetite, or no appetite for food
An upset stomach or stomach cramps
Nausea or vomiting
Cola-colored urine or light stools
Easy bruising or bleeding
Rash or itching

Yellowing skin or eyes
Severe weakness or tiredness
Fever
Head or body aches
Dizziness



Please talk to your doctor or nurse if you have any questions or concerns about treatment for latent TB infection.

Doctor/Clinic Contact Information

Name of the staff caring for you: _____

Phone number: _____

Address: _____

Hours: _____



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