

SIVEYE MEDIKAMAN

Rejim 12 dòz pou Enfeksyon Tibèkiloz (TB)

Orè Medikaman w

(Doktè/Enfimyè: Ekri kantite grenn yo ak jou pou pran yo)

Medikaman	Kantite grenn chak semèn	Konbyen fwa	Jou
Isoniazid: ___ mg Rifapentine: ___ mg	TOTAL: _____ (Isoniazid: _____, Rifapentine: _____)	Yon fwa chak semèn pandan 12 semèn (3 mwa)	L Ma Mè J V S D

Doktè w ka ajoute Vitamin B6 nan plan tretman ou.

Swiv Tretman ou

Sou tablo anba an, tcheke kare a epi ekri dat la pou montre kilè ou pran medikaman yo.

SEMÈN	Lendi	Madi	Mèkredi	Jedi	Vandredi	Samdi	Dimanch
EGZANP 5/7 - 5/13	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 5/8	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Semèn 1	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Semèn 2	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Semèn 3	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Semèn 4	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Semèn 5	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Semèn 6	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Semèn 7	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Semèn 8	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Semèn 9	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Semèn 10	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Semèn 11	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Semèn 12	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____



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

www.cdc.gov/tb

SENTOM LIS VERIFIKASYON

Rejim 12 dòz pou Enfeksyon Tibèkiloz (TB)

Non Pasyan an: _____



Efè Segondè nòmal

Pi fò moun ka pran medikaman TB yo san okenn pwoblèm. Medikaman rifapentine ka lakòz pipi'w, krache'w, dlo k sot nan zye'w, oswa swè sou kò w parèt yon koulè wouj-zoranj. Sa nòmal e koulè a ap disparèt ofiamezi.



SISPANN pran medikaman yo epi **RELE** doktè TB oswa enfimyè ou san pèdi tan si w gen nenpòt nan pwoblèm anba la:

- | | |
|---|---|
| <input type="checkbox"/> Vètij oswa toudisman lè w chita oswa kanpe | <input type="checkbox"/> Po'w oswa blan zye parèt jòn |
| <input type="checkbox"/> Mank apeti oswa pa gen apeti pou manje | <input type="checkbox"/> Bouton sou po oswa gratèl |
| <input type="checkbox"/> Deranjman lestomak, noze oswa vomisman | <input type="checkbox"/> Konkonb, tach wouj oswa mòv sou po w ou pa kab esplike |
| <input type="checkbox"/> Doulè lestomak oswa kramp nan lestomak | <input type="checkbox"/> Nen senyen, jansiv oswa dan w ap bay san |
| <input type="checkbox"/> Doulè anba kè oswa kè ap boule | <input type="checkbox"/> Souf ou kout |
| <input type="checkbox"/> Sentòm grip avèk oubyen san lafyèv | <input type="checkbox"/> Doulè oswa pikòtman nan men w, bra bra'w, oswa janm ou |
| <input type="checkbox"/> Gwo fatig oswa feblès | <input type="checkbox"/> Santiman tristès oswa depresyon |
| <input type="checkbox"/> Lafyèv oswa frison | |
| <input type="checkbox"/> Gwo dyare oswa pou pou koulè klè (kaka) | |
| <input type="checkbox"/> Pipi mawon, koulè te oswa kola | |



Tanpri pale ak doktè oswa enfimyè w si gen nenpòt kesyon oswa enkyetid sou tretman pou enfeksyon TB.

Enfòmasyon pou kontakte Doktè/Klinik

Non anplwaye kap ba'w swen: _____

Nimewo telefòn: _____

Adrès: _____

Lè yo Ouvwi: _____



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