

□ NAME ALERT

B Preve	ntion a	nd Con	trol SK Mi	DICATION	ON RECORD	Drug	Dose	Frequency
Name								
ddress								
	:h			PHN				
Date of birth PHN TB File #								
	Directly (Observed	d Therapy) m					
		-			worker			
Number of doses received: Date: Date: f								
			eight:					
Date	Doses Doses Given NOT		Date Next Dose Due	Doses Left on		mment	Where given (e.g., home, clinic,	Signature and Position
		Given		Hand			work)	
ledicatio	n returns,	empty pa	ackages verifi	ed (initial):	RN:	TBW:	Date:	
					# full packages	::	# empty packages:	
_					ention & Control SK a ention & Control SK a		COPY for local health red	cord
	n & Control al University		oon Main Office		Prevention & Control SK – I m 246. Cooperative Health		TB Prevention & Control S	_

103 Hospital Drive Saskatoon, SK S7N 0W8 Ph: (306) 655-1740 Fax: (306) 655-1495

110 - 8th Street East Prince Albert, SK S6V 0V7 Ph: (306) 765-4260 Fax (306) 765-4264 1440 – 14th Avenue Regina, SK S4P 0W5 Ph: (306) 766-4311 Fax (306) 766-4710

Adverse Effects Checklist label	Adverse Effects Checklist label
Adverse Effects Checklist label	Adverse Effects Checklist label
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