Kansas Department of Health & Environment- DOT Monitoring Form

Name:	DOB:	Phone: ( )
Address:	Address of DOT:	
Time of DOT:	Special Instructions:	

Medication	Dosage	Frequency	Issue Date	Provider	Changes	Dosage	Frequency	Change Date	Provider
Medication	**Dosage**	**Frequency**	**Issue Date**	**Provider**	**Changes**	**Dosage**	**Frequency**	**Change Date**	**Provider**

	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
January																															
February																															
March																															
April																															
May																															
June																															
July																															
August																															
September																															
October																															
November																															
December																															

DOT Providers:	Please see reverse side for side effects screening.

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Date of Screening:													
Screener:													
Screening done personally :													
Screening Questions:		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
1	What is your current weight?												
2	Do you take medication daily?												
3	Do you have any loss of appetite (>3 days)?												
4	Do you have any fatigue (>3 days)?												
5	Do you have any nausea and/or vomiting (>3 days)?												
6	Do you have any headaches?												
7	Do you have any itchiness?												
8	Do you have any rashes?												
9	Do you have any trouble urinating?												
10	Do you have dark urine?												
11	Do you have yellowed skin or eyes?												
12	Do you have an unexplained fever (>3 days)?												
13	Do you have any tingling in your hands and/or feet?												
14	Do you have any unusual bleeding or bruising? (Rifampin)												
15	Do you have any changes in your vision? (Ethambutol)												
16	Vision screening												
17	Sputum Collection (Pulmonary Cases)												

Form Created 07/06/2009