

National Tuberculosis Control Programme

Directorate General of Health Services, Bangladesh

TB Preventive Treatment (TPT) Card

Name of the eligible person: -----Age: ____ Year Month _____ Sex: ☐ M ☐ F BCG Scar: ☐ Yes ☐ No

Father's Name: -----Mother's Name: _____

Address:-----Upazila/Ward/CC: _____ District: _____ Phone no: _____

TPT Registration no: -----Date: _____ TB Registration no. of source case: _____ Date: _____

Relation with the source case: _____ Health Institution/DOT center: _____

Name, address and Ph no. of TPT Provider/Supervisor: _____

Month	Date	Weight/(kg)	No. of tablet* (H/3HR/3HP)	Date of next visit	Clinical evaluation**
0					
1					
2					
3					
4					
5					
6					

* Dose of INH: 10mg/kg body weight/day

** If symptoms of TB appear, refer to a Medical Doctor

Remarks: _____

Signature of Medical Officer