**Isoniazid Preventive Treatment (IPT) Register**

PHC centre/Hospital TB control Unit: Year:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Name of TB contact treated with IPT | Age | Sex | HIV-infected  (Y/N) | IPT started on  (Date) | IPT completed  (Y/N) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |