Washington State Department of Health

DOH 343-089 March 2011

MEDICATION ADMINISTRATION RECORD (MAR)

LATENT TUBERCULOSIS INFECTION

MAR Month:	MAR Year:	MAR Case Manager:	Case Mgr Phone:
Case #:			
Patient Name:			
Patient Address:			
Patient Phone: (H) (W) (Cell)			
Patient's DOB:	Patient's Sex: M F		
Meds Start Date:	Meds Discontinue Date:		

Date:	Printed Name:	Signature:	Initials:

Med/Strength	Dosage	# Tablets	Freq/Route	Start Date	Stop Date

Refill Site: ☐ Home ☐ Work ☐ Clinic ☐ Other _____

Month: Day of Month	Initials of Person Observing or Giving Medication (If self-administered, Check the "self" Box)	Time When Meds observed	Side Effects: If present check and write progress note; If absent check in the "none" column														
			None	Nausea/Vomiting	Abdominal Pain	Headache	Loss of Appetite	Jaundice/Yellow Color	Numbness/Tingling	Rash	Fatigue	Joint Pain	Visual Changes	Hearing Changes	Other	Case Manager and Clinician Notified of Adverse Reaction?	Comments
1	☐ Self															☐ Yes ☐ No	
2	☐ Self															☐ Yes ☐ No	
3	☐ Self															☐ Yes ☐ No	
4	☐ Self															☐ Yes ☐ No	
5	☐ Self															☐ Yes ☐ No	
6	☐ Self															☐ Yes ☐ No	
7	☐ Self															☐ Yes ☐ No	
8	☐ Self															☐ Yes ☐ No	
9	☐ Self															☐ Yes ☐ No	
10	☐ Self															☐ Yes ☐ No	
11	☐ Self															☐ Yes ☐ No	
12	☐ Self															☐ Yes ☐ No	
13	☐ Self															☐ Yes ☐ No	
14	☐ Self															☐ Yes ☐ No	
15	☐ Self															☐ Yes ☐ No	
16	☐ Self															☐ Yes ☐ No	
17	☐ Self															☐ Yes ☐ No	
18	☐ Self															☐ Yes ☐ No	
19	☐ Self															☐ Yes ☐ No	
20	☐ Self															☐ Yes ☐ No	
21	☐ Self															☐ Yes ☐ No	
22	☐ Self															☐ Yes ☐ No	
23	☐ Self															☐ Yes ☐ No	
24	☐ Self															☐ Yes ☐ No	
25	☐ Self															☐ Yes ☐ No	
26	☐ Self															☐ Yes ☐ No	
27	☐ Self															☐ Yes ☐ No	
28	☐ Self															☐ Yes ☐ No	
29	☐ Self															☐ Yes ☐ No	
30	☐ Self															☐ Yes ☐ No	
31	☐ Self															☐ Yes ☐ No	

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).