



## VIDEO DIRECTLY OBSERVED THERAPY (VDOT) USER REQUEST FORM

Jurisdiction:		Requested by:	
Account number:		<input type="checkbox"/> New Account	
Client Name:	Date of Birth:	Illinois National Electronic Disease Surveillance System (I-NEDSS) State Case Number:	

This request is for \_\_\_\_\_ (State Case Number). The patient qualifies for use of the Video Directly Observed Therapy technology (VDOT) of the Illinois Department of Public Health (IDPH) Tuberculosis Prevention and Control Program (TB Program). The following inclusion criteria are met (check all that apply):

Yes	No	Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Client is not infectious
<input type="checkbox"/>	<input type="checkbox"/>	Client and contacts have undergone TB education and understand the importance of TB treatment completion
<input type="checkbox"/>	<input type="checkbox"/>	Client has been compliant with in-person DOT for a minimum of two weeks
<input type="checkbox"/>	<input type="checkbox"/>	Client or guardian is 18 years old or above and agree to follow policies and procedures for VDOT
<input type="checkbox"/>	<input type="checkbox"/>	Client can accurately identify each medication and the required dose
<input type="checkbox"/>	<input type="checkbox"/>	Client or guardian is able to demonstrate how to use the equipment and/or application properly
<input type="checkbox"/>	<input type="checkbox"/>	Client does not have multi-drug resistant TB
<input type="checkbox"/>	<input type="checkbox"/>	Client is not at risk for poor adherence
<input type="checkbox"/>	<input type="checkbox"/>	Client is able to understand and follow instructions in the language available for VDOT

The \_\_\_\_\_ (local health department/TB clinic name) will:

- \_\_\_ 1. Provide TB education for the client and their contacts.
- \_\_\_ 2. Monitor and manage client for symptom changes and adverse drug reactions.
- \_\_\_ 3. Adhere to the recommended drug regimen and ensure completion of treatment.
- \_\_\_ 4. Monitor videos to ensure that the proper medications are being taken.
- \_\_\_ 5. Contact the client, on a regular basis, to assess clinical and situational information that can affect TB treatment.
- \_\_\_ 6. Ensure information for the client is entered in I-NEDSS.
- \_\_\_ 7. If applicable, ensure proper functioning of smartphones/tablets that are loaned to the client by IDPH.
- \_\_\_ 8. If applicable, return of smartphones/tablets that are loaned to the client by IDPH.

Public Health Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Health Department: \_\_\_\_\_