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Medication Assessment Form

Missouri Medical Countermeasures/Strategic National Stockpile Program



<p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>E-Mail: _____</p> <p>Phone: _____</p> <p>Step 1. Place your own name in the first line below. List all household members for whom you are picking up medicine below your name.</p> <p>Step 2. For each person listed, answer all 5 questions. _____</p> <p>Step 3 Each person should take the medicine provided exactly as instructed.</p>	<p>Question 1 2 PARTS</p> <p>1. Is this person <u>smaller than 76 pounds</u>?</p> <p>2. If YES, write in the weight in pounds.</p> <p>If NO, leave blank.</p>	<p>Question 2</p> <p>Can this person <u>swallow pills</u>?</p>	<p>Question 3 4 PARTS</p> <p>1. Is this person <u>allergic to or should not take Cipro</u> (Ciprofloxacin), <i>Levaquin</i> (levofloxacin), or other floxacin antibiotic?</p> <p>OR</p> <p>2. Does this person take tizanidine (<i>Zanaflex</i>)?</p> <p>OR</p> <p>3. Does this person have a history of the muscle disease myasthenia gravis?</p> <p>4. If answer to <u>any</u> question is YES, answer Yes below.</p>	<p>Question 4</p> <p>Is this person <u>allergic to or should not take</u> doxycycline, tetracycline, or other "cycline" antibiotic?</p>	<p>Question 5</p> <p>Is this person <u>pregnant</u>?</p>	<p>Once you have received your medicine:</p> <ul style="list-style-type: none"> • Be sure to carefully read the fact sheet you have been given. • Take the medicine exactly as prescribed unless your medical provider or a public health official tells you to stop. If you stop too soon, you could become sick. • Take the medicine even if you feel well. If you do begin to feel sick with symptoms of the disease, it is important to get medical help right away. • If you have questions, contact your medical provider or _____.
	<p>Weight if less than 76 pounds?</p>	<p>Yes, No, Don't Know?</p>	<p>Yes, No, Don't Know?</p>	<p>Yes, No, Don't Know?</p>	<p>Yes, No, Don't Know?</p>	<p>STAFF USE ONLY</p> <p>For persons who cannot take an adult dose or cannot swallow pills, use available options: Doxy <u>tablets</u> with Crushing Instructions, Doxy <u>Suspension</u>, or Cipro <u>Suspension</u>. Dose is based on person's weight.</p> <p>Mark the antibiotic provided; Affix label here</p>
<p>Last Name, First Name</p>						<p>Doxy Tabs Cipro Tabs Doxy Tabs Crush Ins Doxy Susp Cipro Susp</p>
1.						<p>Doxy Tabs Cipro Tabs Doxy Tabs Crush Ins Doxy Susp Cipro Susp</p>
2.						<p>Doxy Tabs Cipro Tabs Doxy Tabs Crush Ins Doxy Susp Cipro Susp</p>
3.						<p>Doxy Tabs Cipro Tabs Doxy Tabs Crush Ins Doxy Susp Cipro Susp</p>
4.						<p>Doxy Tabs Cipro Tabs Doxy Tabs Crush Ins Doxy Susp Cipro Susp</p>
5.						<p>Doxy Tabs Cipro Tabs Doxy Tabs Crush Ins Doxy Susp Cipro Susp</p>
<p>August 2016</p>	<p>Add totals under the columns →</p>					