

# Medication Assessment Form

Missouri Medical Countermeasures/Strategic National Stockpile Program

Name:  Address:  City, State, Zip:  E-Mail:  Phone: _____ <p><b>Step 1.</b> 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><b>Step 2.</b> For each person listed, answer all 3 questions.</p> <p><b>Step 3</b> Each person should take the medicine provided exactly as instructed.</p>		<p><b>Question 1 TWO PARTS</b></p> <p>1. Is this person smaller than 90 pounds?</p> <p>2. If YES, write in the weight in pounds.  If NO, leave blank.</p> <p style="text-align: center;">↓</p>	<p><b>Question 2 THREE PARTS</b></p> <p>1. Is this person <u>allergic to or should not take</u> <i>Cipro</i> (ciprofloxacin), <i>Levaquin</i> (levofloxacin), or other floxacin antibiotic?</p> <p style="text-align: center;"><b>OR</b></p> <p>2. Does this person take tizanidine (<i>Zanaflex</i>)?</p> <p>3. If answer to <u>either</u> question is YES, answer Yes below.</p> <p style="text-align: center;">↓</p>	<p><b>Question 3</b></p> <p>Is this person <u>allergic to or should not take</u> doxycycline, tetracycline, or other "cycline" antibiotic?</p> <p style="text-align: center;">↓</p>	Once you have received your medicine: <ul style="list-style-type: none"> <li>Be sure to carefully read the fact sheet you have been given.</li> <li>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.</li> <li>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.</li> <li>If you have questions, contact your medical provider or _____.</li> </ul>							
		<b>STAFF USE ONLY</b>			<p><b>Use pediatric options</b> as available at the site: Doxy tablets with <u>C</u>rushing <u>I</u>nstructions, Doxy <u>S</u>suspension, or Cipro <u>S</u>suspension. Dose is based on child's weight.</p> <p><b>Mark the antibiotic provided; Affix label here</b> </p>							
<b>Last name</b>	<b>First name</b>	<b>Weight?</b>	<b>Yes, No, Don't Know?</b>	<b>Yes, No, Don't Know?</b>	Doxy	Cipro	Doxy CI Peds	Doxy Sp Peds	Cipro Sp Peds			
1.												
2.												
3.												
4.												
5.												
6.												
March 2014		<b>Add totals under the columns</b>										