## Instructions:

- 1. Print full name of each person for whom you are picking up medication. (Your name goes in row 1.)
- 2. Complete Columns A-F for each person by placing an x in any box in column A-F if appropriate, otherwise leave blank.
- 3. Give your completed form to a Screening staff member.



By signing below, I am authorized to sign for these people and I agree to provide the prescribed medications and instructions to each of them. I understand this medication is meant to keep us from getting sick. If I, or any of them, get sick or is already sick we should seek medical attention.

Name: Signature:													
Street Address, City, State, & Zip Code:													
Phone Number:													Clinic Use Only
Place an x in any box in column A-F if the statement is true, otherwise leave blank.			A B  Doxycycline  Contraindications		C D Ciprofloxacin Contraindications		E Amoxicillin Contraindications	F Weighs 88 pounds or					
PRINT FULL NAME FOR EACH PERSON (Your name goes in row 1.)	Age	Date of Birth	Allergic to Doxycycline or Tetracycline	Pregnant or Breast- Feeding	Are you taking Tizanidine	ALLERGY to Ciprofloxacin or Quinolone	Allergy to Penicillin	less, or has Difficulty Swallowing	Doxycyline	Ciprofloxacin	Amoxicillin	Referral	Affix Medication Label Below
1		/ /											
2		/ /											
3		/ /											
4		/ /											
5		/ /											
6		/ /											
7		/ /											
8		/ /											
9		/ /											
10		/ /											
Tetracycline Drugs: Doxycycline, Minocin, Mir Quinolone Drugs: Avelox, Ciprofloxacin, Floxin				oxacin, Ofloxac	in, Tequin								Total Bottles
Clinical Consultant's Notes - See attached medication disclaimer form  Dispe									ispenser's nitials			Date	

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1		/ /														
2		/ /		Con	traindicatio	ns										
If no contraindications indicated, dispense Doxycycline.																
If any contraindications to Doxycycline noted in column A or B, dispense Ciprofloxacin.																
If contraindication to Ciprofloxacin noted in column C or D, dispense Doxycycline.																
If contraindications to both Doxycycline and Ciprofloxacin noted in column A, B, C, or D, dispense Amoxicillin.																
If contraindications to Doxycycline, Ciproflo	oxacin a	and Amoxicillin not	ed, do NOT disper	nse any medica	tion and refer	patient to their	medical provider.									
If contraindications to Doxycycline and Cip	rofloxac	cin noted and Amo	oxicillin is not avai	lable, do NOT (	dispense any m	edication and r	efer patient to their m	nedical provid	ler.							
If weight is 88 pounds or less, or has difficu	ılty swal	llowing and no alle	rgy to Doxycycline	e, dispense Dox	cycycline with c	crushing instruc	tions.									
		/ /														
Tetracycline Drugs: Doxycycline, Minocin, Minocycline, Sumycin, Tetracycline, Vibramycin													Total Bottles			
Quinolone Drugs: Avelox, Ciprofloxacin, Floxin, Gatifloxacin, Levaquin, Levofloxacin, Moxifloxacin, Ofloxacin, Tequin													Total Bottles			
Clinical Consultant's Notes - See attached medication disclaimer form										pens ials	er's		Date			