Medication Assessment Form

Missouri Medical Countermeasures/Strategic National Stockpile Program

1. Fill in information for yourself.

Last Name:	**First name:**		
Address:			
City:	**State:**	**Zip:**	
Phone:	**E-Mail:**		

Complete the following questions. For Questions 2-5, circle the correct answer.

1.	**If this person is smaller than 76 pounds, provide weight in pounds, otherwise leave blank.**	**_____ pounds**		
2.	**Can this person swallow pills?**	**Yes**	**No**	**Don't Know**
3a.	**Is this person allergic to, or should not take, Cipro (ciprofloxacin), Levaquin (levofloxacin), or other floxacin antibiotic?**	**Yes**	**No**	**Don't Know**
3b.	**Does this person take tizanidine (Zanaflex)?**	**Yes**	**No**	**Don't Know**
3c.	**Does this person have a history of the muscle disease called myasthenia gravis?**	**Yes**	**No**	**Don't Know**
4.	**Is this person allergic to, or should not take, doxycycline, tetracycline, or other "cycline" antibiotic?**	**Yes**	**No**	**Don't Know**
5.	**Is this person pregnant?**	**Yes**	**No**	**Don't Know**

2. Fill in information on each person for whom you are picking up medicaton.

Last Name:	**First name:**		

Complete the following questions. For Questions 2-5, circle the correct answer.

1.	**If this person is smaller than 76 pounds, provide weight in pounds, otherwise leave blank.**	**_____ pounds**		
2.	**Can this person swallow pills?**	**Yes**	**No**	**Don't Know**
3a.	**Is this person allergic to, or should not take, Cipro (ciprofloxacin), Levaquin (levofloxacin), or other floxacin antibiotic?**	**Yes**	**No**	**Don't Know**
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3c.	**Does this person have a history of the muscle disease called myasthenia gravis?**	**Yes**	**No**	**Don't Know**
4.	**Is this person allergic to, or should not take, doxycycline, tetracycline, or other "cycline" antibiotic?**	**Yes**	**No**	**Don't Know**
5.	**Is this person pregnant?**	**Yes**	**No**	**Don't Know**

2. (continued) Fill in information on each person for whom you are picking up medicaton.

Last Name: **First name:**

Complete the following questions. For Questions 2-5, circle the correct answer.

1.	If this person is <u>smaller than 76 pounds</u>, provide weight in pounds, otherwise leave blank.	________ pounds		
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3a.	Is this person allergic to, or should not take, Cipro (ciprofloxacin), Levaquin (levofloxacin), or other floxacin antibiotic?	Yes	No	Don't Know
3b.	Does this person take tizanidine (Zanaflex)?	Yes	No	Don't Know
3c.	Does this person have a history of the muscle disease called myasthenia gravis?	Yes	No	Don't Know
4.	Is this person allergic to, or should not take, doxycycline, tetracycline, or other "cycline" antibiotic?	Yes	No	Don't Know
5.	Is this person pregnant?	Yes	No	Don't Know

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5.	Is this person pregnant?	Yes	No	Don't Know