

1

LIST ALL HOUSEHOLD MEMBERS FOR WHOM YOU ARE PICKING UP MEDICATIONS TODAY, INCLUDING YOURSELF

2

FOR EACH MEMBER OF YOUR HOUSEHOLD, ANSWER ALL THREE QUESTIONS BELOW:

A

Is household member:

- Pregnant
- Breast feeding
- Under 8 years of age

B

Is household member allergic to or shouldn't take any of these:

- Doxycycline (Vibramycin)
- Minocycline (Minocin)
- Tetracycline (Achromycin, Brodspec, EmTet, Sumycin, Tetracap, Panmycin)

C

Is household member allergic to or shouldn't take any of these:

- Ciprofloxacin (Cipro)
- Levofloxacin (Levaquin)
- Ofloxacin (Floxin)
- Gatifloxacin (Tequin)
- Moxifloxacin (Avalox)

DECISION MATRIX – STAFF USE ONLY

Answer A	Answer B	Answer C	Provide
No	No / DK	No / DK	Doxy
No	No / DK	Yes	Doxy
No	Yes	No / DK	Cipro
No	Yes	Yes	TBD
Yes / DK	No / DK	No / DK	Cipro
Yes / DK	No / DK	Yes	Doxy
Yes / DK	Yes	No / DK	Cipro
Yes / DK	Yes	Yes	TBD

Last name

First Name

Yes, No or Don't Know?

Yes, No or Don't Know?

Yes, No or Don't Know?

CIRCLE MEDICATION TO BE PROVIDED STAFF USE ONLY

					Doxy	Cipro	TBD
					Doxy	Cipro	TBD
					Doxy	Cipro	TBD
					Doxy	Cipro	TBD
					Doxy	Cipro	TBD
					Doxy	Cipro	TBD
					Doxy	Cipro	TBD
					Doxy	Cipro	TBD
					Doxy	Cipro	TBD

Add Totals Under Doxy & Cipro Columns:

NCR Medication Screening Form

11/18/2008

3

EACH PERSON SHOULD TAKE THE MEDICINE CIRCLED IN THEIR ROW.

