Shelby County Health Department http://health.shelbycounty73.us/ 317-392-6470

Total Dispensed:

POD Head of Household Form

Name_____**Phone**_____

Address_____**City**_____**State**____**Zip**_____

Email address_____

Emergency Contact _____**Phone**_____

I will receive medication fact sheets with the antibiotics dispensed to me. I will read or have had read/explained to me the information about the biological agent and the antibiotics. I will call the Health department (317-392-6470) about any questions I have. I understand the risks and benefits of the recommended medication. I consent to receive the medication for myself, my family and friends listed below. I will share the fact sheets and information and give the medication I received to the persons listed below.

Signature_____ **Date**_____

1. **List all family and friends for who you are picking up medication, placing your name first.**
2. **For each person, answer all questions.**

NAME	AGE	PREGNANT OR BREASTFEEDING?		REACTION TO DOXYCYCLINE?		REACTION TO CIPROFLOXACIN?		IS THIS PERSON CURRENTLY ON DIALYSIS?		LESS THAN 99 LBS?		DO NOT WRITE PAST THIS SECTION	CHECK MEDICATION SELECTED		AFFIX LABEL
1		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		❑Doxy	❑Cipro	
2		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		❑Doxy	❑Cipro	
3		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		❑Doxy	❑Cipro	
4		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		❑Doxy	❑Cipro	
5		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		❑Doxy	❑Cipro	
6		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		❑Doxy	❑Cipro	

NOTES:

DISPENSER

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NAME	AGE	PREGNANT OR BREASTFEEDING?		REACTION TO DOXYCYCLINE?		REACTION TO CIPROFLOXACIN?		IS THIS PERSON CURRENTLY ON DIALYSIS?		LESS THAN 99 LBS?		DO NOT WRITE PAST THIS SECTION	CHECK MEDICATION SELECTED		AFFIX LABEL
7		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		❑Doxy	❑Cipro	
8		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		❑Doxy	❑Cipro	
9		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		❑Doxy	❑Cipro	
10		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		❑Doxy	❑Cipro	
11		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		❑Doxy	❑Cipro	
12		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		❑Doxy	❑Cipro	

NOTES:

DISPENSER