## **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-Mai	l:		
Complete the following questions. For Questions 2-5	circle the correct answe	er.	
1. If this person is <u>smaller than 76 pounds</u> , provide otherwise leave blank.	weight in pounds,	pounds	
2. Can this person swallow pills?	Y	es No	Don't Know
3a. Is this person allergic to, or should not take, Cipr Levaquin (levofloxacin), or other floxacin antibio	· · · · · · · · · · · · · · · · · · ·	es No	Don't Know
3b Does this person take tizanidine (Zanaflex)?	Y	es No	Don't Know
3c. Does this person have a history of the muscle dis myasthenia gravis?	ease called Y	es No	Don't Know
4. Is this person allergic to, or should not take, doxy tetracycline, or other "cycline" antibiotic?	rcycline,	es No	Don't Know
5. Is this person pregnant?	Y	es No	Don't Know

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

Las	t Name: First name:				
Cor	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			
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	
Зс.	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.				
<ol> <li>If this person is smaller than 76 pounds, provide weight in pounds, otherwise leave blank.</li> </ol>		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	

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 pound otherwise leave blank.	s, 	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	

Last	: Name: Fi	irst name:			
Con	Complete the following questions. For Questions 2-5, circle the correct answer.				
1	If this person is <u>smaller than 76 pounds</u> , provide weig otherwise leave blank.	ht in pounds,	pounds		
2.	Can this person swallow pills?	Ye	es l'	No I	Don't Know
į	ls this person allergic to, or should not take, Cipro (cip Levaquin (levofloxacin), or other floxacin antibiotic?	orofloxacin), Ye	es l	No I	Don't Know
3b	Does this person take tizanidine (Zanaflex)?	Ye	es l	No I	Don't Know
1	Does this person have a history of the muscle disease myasthenia gravis?	called Ye	es l'	No I	Don't Know
1	Is this person allergic to, or should not take, doxycycli tetracycline, or other "cycline" antibiotic?	ine, Ye	es l	No I	Don't Know
5.	Is this person pregnant?	Ye	es l'	No I	Don't Know