

Step 1

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

Step 2

FOR **EACH** HOUSEHOLD MEMBER LISTED BELOW, ANSWER **ALL** QUESTIONS.

Question 1

- Is this person allergic to doxycycline or other "cycline" drugs?
- Is this person pregnant?

Question 2

- Does this person have difficulty swallowing pills?
- Is this person both less than 90 pounds and less than 18 years of age?

Question 3

- Is this person allergic to Ciprofloxacin or "floxacin" drugs?
- Does this person have seizure disorder or epilepsy?
- Is this person taking Tizanidine (Zanaflex)?
- Does this person have renal (kidney) disease?

Question 4

- Does this person have difficulty swallowing pills?
- Is this person both less than 90 pounds and less than 18 years of age?

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Drug Assignment

D, C, X
D for Doxycycline
C for Ciprofloxacin
X for Do Not Dispense

Last name	First name	If yes to <u>any</u> , write yes If no to <u>all</u> , write no	If yes to <u>any</u> , write yes If no to <u>all</u> , write no	If yes to <u>any</u> , write yes If no to <u>all</u> , write no	If yes to <u>any</u> , write yes If no to <u>all</u> , write no	D, C, X	Lot Number

Step 3

Write in your address and telephone number to the right. If more than one, include all.

Telephone:

Address:

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Dispensing Site Name _____

Dispenser Signature _____ Date: _____

Instructions for Public Health Worker <i>(follow the instructions to the right for each individual)</i>	Q1 <u>NO:</u> Evaluate question 2 <u>YES:</u> Skip to question 3	Q2 <u>NO:</u> Provide Doxycycline and STOP <u>YES:</u> Provide Doxycycline and Emergency Preparation Instructions & STOP	Q3 <u>NO:</u> Evaluate question 4 <u>YES:</u> Advise person seek medical consult	Q4 <u>NO:</u> Provide Ciprofloxacin <u>YES:</u> Advise person to seek medical consult	
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GUIDANCE

What if someone has an incomplete form? Please refer them back to Intake for assistance. Intake will assess the situation and refer as needed. Please note that **Step 3** on this form is optional.

What do I do once the form is completed? Evaluate each household member for the distribution of antibiotics according to the instructions above. Record the appropriate letter and lot number for that household member's drug assignment. Once this has been completed, label each member's antibiotic with their name and give the present household member the correct handouts for the household. **If the present household member has further questions or concerns**, please refer him or her to the Medical Distribution Specialist. Place the completed form in your completed pile.

What do I do if someone is visually or hearing impaired? Please refer them back to Intake for assistance. Intake will assess the situation and refer as needed.

What is Tizanidine (Zanaflex)? This is a short-acting muscle relaxer used to treat muscle spasms caused by certain conditions such as multiple sclerosis and spinal cord injury. It should not be taken with Ciprofloxacin.