POD Registration Form

Address: _____ _____ _____ _____

Street City/Town State Zip Code

Home Phone Number: _____

Cell Phone Number: _____

LIST NAME BELOW AND ANSWER ALL QUESTIONS (1-4) → **FOR EACH PERSON IN HOUSEHOLD** **PLEASE PRINT**		1 Does person have known life-threatening allergies to Doxycycline or other "-cycline" drugs? Is person pregnant? ⇩	2 Does person have difficulty swallowing pills? Is person less than 9 years old AND less than 90lb? ⇩	3 • Any known Life-threatening allergies to Ciprofloxacin or other "floxacin" drugs? • History of seizure or epilepsy? • Myasthenia gravis? • Taking Tizanidine? ⇩	4 Does this person have difficulty swallowing pills? Is person less than 9 yrs old AND less than 62lbs? ⇩	***STAFF USE ONLY:*** Do Not Write in These Two Columns POD/CLINIC LOCATION: _____ DATE: _____ *Medical Screener Initials:*_____ *Dispenser Initials:* _____	
First Name *(List yourself first)*	**Last Name**	If yes to ANY question above, select Yes in column below If No to ALL, select No in column below.				*Circle medicines and dose and/or special instructions for each person*	For each bottle dispensed, place med label in boxes below
1.						D C OTHER* 100 500 ____	*Place Medication Label here*
2.						D C OTHER* 100 500 ____	*Place Medication Label here*
3.						D C OTHER* 100 500 ____	*Place Medication Label here*
4.						D C OTHER* 100 500 ____	*Place Medication Label here*
5.						D C OTHER* 100 500 ____	*Place Medication Label here*
6.						D C OTHER* 100 500 ____	*Place Medication Label here*
7.						D C OTHER* 100 500 ____	*Place Medication Label here*

Instructions for Medical Screener: Follow the instructions to the right for each individual →  This form assumes there is insufficient Cipro suspension to treat all children <9 yrs old.	• *If **no**, review Q2.* *OR* • *If **yes**, skip to Q3*	• *If **no**, circle D100 & **STOP*** *OR* • *If **yes**, circle OTHER, write "DCI" & **STOP***	• *If **no**, review Q4.* *OR* • *If **yes**, Direct person to Medical Consult & **STOP***	• *If **no**, circle C500 & **STOP*** *OR* • *If **yes**,, circle "OTHER", write "SUSP" & **STOP***	****OTHER:** **DCI =** Doxycycline Crushing Instructions **SUSP = Ciprofloxacin Suspension with dosing instructions** **MC = Medical consult**

Rev 1-9-2015