

## Head of Household Screening Form (last revised 12.11.13)



**Instructions for person picking up medication:**

1. Print full name of each person for whom you are picking up medication. (Your name goes in row 1.)
2. Complete Columns A-F for each person. (Circle YES in any column if appropriate, otherwise DO NOT CIRCLE.)
3. Give completed form to Screening staff member.

**By signing below, I am authorized to sign for these people and I agree to provide the prescribed medications and instructions to each of them.  
I understand this medication is meant to keep us from getting sick. If I, or any of them, get sick or is already sick we should seek medical attention.**

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**STREET ADDRESS, CITY, STATE, ZIP CODE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **Circle YES in any column if appropriate, otherwise DO NOT CIRCLE.**

		Circle YES in any column if appropriate, otherwise DO NOT CIRCLE.						CLINIC USE ONLY			
		A	B	C	D	E	F	G	H	I	J
PRINT FULL NAME		Doxycycline Contraindications		Ciprofloxacin Contraindications			Weighs 88 pounds or less, or has difficulty swallowing?	Doxycycline 100mg BID	Ciprofloxacin 500mg BID	Other Rx as noted below	Affix Medication Labels Below
		ALLERGY to Doxycycline or Tetracycline	Pregnant or Breast-feeding	ALLERGY to Ciprofloxacin or Quinolone	History of Seizures or Epilepsy	Liver or Kidney Disease					
1	/ /	Yes	Yes	Yes	Yes	Yes	Yes				
2	/ /	Yes	Yes	Yes	Yes	Yes	Yes				
3	/ /	Yes	Yes	Yes	Yes	Yes	Yes				
4	/ /	Yes	Yes	Yes	Yes	Yes	Yes				
5	/ /	Yes	Yes	Yes	Yes	Yes	Yes				
6	/ /	Yes	Yes	Yes	Yes	Yes	Yes				
7	/ /	Yes	Yes	Yes	Yes	Yes	Yes				
8	/ /	Yes	Yes	Yes	Yes	Yes	Yes				
9	/ /	Yes	Yes	Yes	Yes	Yes	Yes				
10	/ /	Yes	Yes	Yes	Yes	Yes	Yes				

**Tetracycline Drugs:** Doxycycline, Minocin, Minocycline, Sumycin, Tetracycline, Vibramycin **TOTAL BOTTLES**

**Quinolone Drugs:** Avelox, Ciprofloxacin, Floxin, Gaitfloxacin, Levaquin, Levafloxacin, Moxifloxacin, Ofloxacin, Tequin

Medical Consultant's Notes \_\_\_\_\_ Dispenser's Name \_\_\_\_\_ Date \_\_\_\_\_