





Missouri Strategic National Stockpile Public Health Dispensing Assessment Form

Head of Household
Name:
Address:
City, State, Zip
Phone #

<p>Step 1. List all household members for whom you are picking up medication today; place your name in the first line.</p> <p>Step 2. For each person listed, answer all three questions.</p>

Question 1	Question 2	Question 3
Is this person allergic to or should not take:	Is this person allergic to or should not take:	Is this person:
Doxycycline?	Ciprofloxacin (Cipro)?	In 2 nd half of pregnancy?
Tetracycline? (Vibramycin)	Levofloxacin (Levaquin)?	Breastfeeding?
Minocycline?	Other foxacin?	A child under 8 years old?
		

Decision Chart – STAFF USE ONLY			
Answer 1	Answer 2	Answer 3	
Allergic or not to take Doxycycline?	Allergic or not to take a floxacin?	Child, Pregnant, or Breastfeeding?	Provide
No / DK	No / DK	No	Doxy
No / DK	No / DK	Yes / DK	Cipro
No / DK	Yes	Any	Doxy
Yes	No / DK	Any	Cipro
Yes	Yes	Any	Refer
DK = Don't Know Any = Any Answer (Y, N, DK)			

Last Name, First Name	Yes, No, Don't Know?	Yes, No, Don't Know?	Yes, No, Don't Know?	Check Medication to be provided			
				STAFF USE ONLY Affix Labels here if not referred 			
				Doxy	Cipro		Referral Reason
				Doxy	Cipro		Referral Reason
				Doxy	Cipro		Referral Reason
				Doxy	Cipro		Referral Reason
				Doxy	Cipro		Referral Reason
				Doxy	Cipro		Referral Reason
				Doxy	Cipro		Referral Reason
				Doxy	Cipro		Referral Reason
				Doxy	Cipro		Referral Reason
Add totals under Doxy and Cipro columns							

Step 3: Each person should take the medicine checked in the row following his/her name.