

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Phone _____

Circle Answer

1. Is this person *allergic* to doxycycline or other tetracycline (“cycline”) drugs? Yes No
 2. Is this person *allergic* to ciprofloxacin or other quinolone (“floxacin”) drugs? Yes No
 3. Is this person *allergic* to amoxicillin, penicillin or other (“cillin”) drugs? Yes No
 4. Is this person pregnant or breastfeeding? Yes No
 5. Is this person taking any prescription drugs *other* than birth control or blood pressure medication? Yes No
- If yes to question 5, answer 5a and 5b:
- 5a. Is this person taking tizanidine (Zanaflex), theophylline, or duloxetine? Yes No
 - 5b. Is this person taking isotretinoin, phenobarbital, carbamazepine, primidone, rifampin, phenytoin, or fosphenytoin? Yes No
6. Has a doctor told this person they have renal failure (kidney disease)? Yes No
 7. Has a doctor told this person they have seizures/epilepsy, myasthenia gravis, or prolonged QT? Yes No

CHILDREN ONLY	Age (select one)	<input type="checkbox"/> 0-4 weeks old (newborn) <input type="checkbox"/> 5 weeks through 7 years old <input type="checkbox"/> 8 years through 17 years old
	Weight (for children less than 76 pounds only) _____ pounds	



For Staff Use Only



Medication: D C A ½ C Medical Consult

Options: Oral Suspension Doxycycline Crushing Instructions

Dispenser Initials: _____

Dosing Instructions: _____ Lot Number: _____

Screening Form Instructions

For your safety, please answer all questions accurately and completely (one form per person).

The information you provide will help us:

- Determine whether it is safe to give a medicine to you
- Determine the best type and amount of medicine you should receive
- Make referrals to health care providers, if needed

Contact Information: Providing your name and contact information will allow your public health department to follow up or provide you with additional instructions, if needed.

Questions 1-3: Tell us about any allergies to medicines you have. Allergy symptoms may include difficulty breathing, wheezing, swelling of the lips or tongue, and/or severe itching or rash.

Question 4: Answering this question will help us select the safest medicine for you and your baby if you are pregnant or breastfeeding.

Question 5: Tell us about prescription medicines you are taking. Some medicines may not mix well with certain anthrax medications. If you are unsure if you are taking one of the prescriptions medications listed, ask your health care provider or pharmacist.

Questions 6-7: Tell us about health conditions you may have that may not react well to certain anthrax medicines. If you are unsure if you have one of the medical conditions listed, ask your health care provider.

Child Information - Children need a smaller dose of medication than adults. Providing age and weight helps us select the right dose of medication.

Information Use (Tennessee Notice)

Point of dispensing (POD) Staff and/or medical consultants may have access to the information you provide. The Minnesota Department of Health (MDH), tribal public health agencies, local public health agencies, and the United States Department of Health and Human Services, which includes the Centers for Disease Control and Prevention (CDC), may also have access to this information for public health purposes. We will not provide the information to anyone else without your consent.

There is no legal obligation to provide this private information to us. However, without it, you may not receive any medicine or the best medicine for you.