Mass Prophylaxis Screening Form for Possible Anthrax Exposure Draft 7.11.2006

PLEASE PRINT CLEARLY	❑ Employee	❑ Gen Public	❑ Male	❑ Female

Name: _____, _____ Birthdate: ___ /____ /___
Last Name First Name Month / Date / Year

Home Address _____, _____, _____
Street City Zip Code

Phone Home ( ) _____ - _____ Cell ( ) _____ - _____ Work ( ) ____ -_____

PLEASE CHECK "YES" OR "NO" FOR EACH QUESTION

	Yes	No
Are you pregnant or nursing a baby?	❒	❒
Have you ever had a seizure, epilepsy, stroke, or brain injury?	❒	❒
Do you have kidney disease or reduced kidney function?	❒	❒
	Yes	**No**
Are you allergic to doxycycline or tetracycline medicines?	❒	❒
Do you take any of these prescription medicines?	❒	❒

*(If **Yes**, check box next to your medicine)*

Generic name	*Common Brand Names*	*Common Use*
❑ acitretin	Soriatane	psoriasis
❑ isotretinoin	Accutane	acne
❑ methotrexate	Rheumatrex, Trexall	cancer, psoriasis, arthritis
❑ warfarin	Coumadin	blood thinner
❑ probenecid	Benemid, Probalan	gout

If you answered "No" to all questions above, you may skip this section.	**Yes**	**No**
Are you allergic to ciprofloxacin (Cipro) or other quinolone (-floxacin) medicine?	❒	❒
Do you take any of these prescription medicines?	❒	❒

*(If **Yes**, check box next to your medicine)*

Generic name	*Common Brand Names*	*Common Uses*
❑ glyburide	DiaBeta, Micronase, Glynase PresTab	diabetes
❑ glipizide	Glucotrol	diabetes
❑ theophylline	Theo-24, Theo-Dur	persistent asthma
❑ aminophylline	Phyllocontin, Truphylline	persistent asthma
❑ warfarin	Coumadin	blood thinner
❑ probenecid	Benemid, Probalan	gout
❑ cyclosporine	Sandimmune, Neoral	arthritis, organ transplant, psoriasis
❑ methotrexate	Rheumatrex, Trexall	cancer, psoriasis, arthritis
❑ ropinirole	Requip	Parkinson's disease
❑ phenytoin	Dilantin	seizures
❑ tizanidine	Zanaflex	muscle spasm

DISPENSERS/MEDICAL CONSULT USE ONLY Date: Time:

Initials:	
	Ciprofloxacin. 500mg orally every 12 hours x 10 days. Lot Number:
	Doxycycline. 100mg orally every 12 hours x 10 days. Lot Number:
	Amoxicillin prescription and instruction sheet

Consultation Notes:

Place Sticker Here