

## Florida Department of Health - Pasco Strategic National Stockpile Strategic National Stockpile Standard Operating Procedures Reviewed: July 31, 2013

	Home address:								Apt. or Unit Number:		
	City:	State:					Zip Code:				
	Primary phone numberEmail:	Alt. pl 	Alt. phone number:Alt. phone number:								
	I am picking up medications for the pers for these people and I agree to provide t						or peop	ole oth	er than myself, I am au	ıthorized to sign	
	I have been given and understand inforr	mation on the fol	lowing disea	ses (circ	le one).	: Anth	ırax	Plagu	ıe Tularemia Flu	I	
	I have been given and understand inforr	mation on the fol	lowing medic	cations:	Doxy	cycline	Cipro	floxac	in Amoxicillin		
	Signature(of person picking up med	dication):		F	Printed	l Name	e:		Date:		
	Name: (Last, First)	On any Medication? Y or N	Weight under 100 pounds?	Is this person possibly pregnant / breastfeeding Click Yes or No		Is this person allergic to any drugs? Click Yes or No		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Medication provided	Lot number:  (Affix labels on back side of this form)	
				Yes	No	Yes	No	$\stackrel{\rightarrow}{\Rightarrow}$			
				Yes	No	Yes	No	$\overrightarrow{\Rightarrow}$			
				Yes	No	Yes	No	$\stackrel{\checkmark}{\rightarrow}$			
				Yes	No	Yes	No	→ → → → → →			
+				Yes	No	Yes	No				

For Employee use only

Proceed to: Express Dispensing

Assisted Dispensing

Medical Evaluation Station



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7		Yes	No	Yes	No		
8		Yes	No	Yes	No		
9		Yes	No	Yes	No		
10		Yes	No	Yes	No		
11		Yes	No	Yes	No		
12		Yes	No	Yes	No		
13		Yes	No	Yes	No		
14	·	Yes	No	Yes	No		
15	·	Yes	No	Yes	No		

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**Express Dispensing** 

Assisted Dispensing

Medical Evaluation Station