

Head of Household Post-Exposure Prophylaxis Registration Form

Enter the name and age of each person for whom you are picking up medications. List Your Name First		Drug Allergy to any drug in Tetracycline Class (Doxycycline)	Drug allergy to any drug in Quinolone class?	Pregnant or Breastfeeding	Do you have myasthenia gravis?	Do you take tizanidine/ zanaflex (a muscle relaxer)	Do you have epilepsy (seizures) or are you currently taking medication for seizures?	Are you currently taking warfarin/ Coumadin (a blood thinner)?	Are you on dialysis (kidney machine)?	Shaded Area to be Completed by Staff (Do not write in shaded area)	
1	Name (Last, First): _____ Age: _____ Weight if less than 90 pounds: _____	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
2	Name (Last, First): _____ Age: _____ Weight if less than 90 pounds: _____	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
3	Name (Last, First): _____ Age: _____ Weight if less than 90 pounds: _____	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
4	Name (Last, First): _____ Age: _____ Weight if less than 90 pounds: _____	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
5	Name (Last, First): _____ Age: _____ Weight if less than 90 pounds: _____	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
6	Name (Last, First): _____ Age: _____ Weight if less than 90 pounds: _____	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
7	Name (Last, First): _____ Age: _____ Weight if less than 90 pounds: _____	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
8	Name (Last, First): _____ Age: _____ Weight if less than 90 pounds: _____	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
9	Name (Last, First): _____ Age: _____ Weight if less than 90 pounds: _____	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
10	Name (Last, First): _____ Age: _____ Weight if less than 90 pounds: _____	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here
11	Name (Last, First): _____ Age: _____ Weight if less than 90 pounds: _____	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Doxycycline Ciprofloxacin Amoxicillin	SNS Medication Label Here

Address: _____ City: _____ State: _____ Zip Code: _____ Primary Phone: _____

I decline treatment at this time. The risk and benefit of the use of antibiotics to prevent exposure has been explained to me.

I am picking up medications for myself. I agree to take them as prescribed.

I am picking up medications for others in my household. I am authorized to sign for these people, and I agree to provide the medications and instructions to all of them.

Reviewed by: _____ Signature: _____ Date: _____

Examples of medications in the Tetracycline class:

Demeclocyclin (Declomycin)
Doxycycline (Adoxa, Bio-Tab, Doryx, Doxy, Monodox, Periostat, Vibra-Tabs, Vibramycin)
Minocycline (Arestin, Dynacin, Minocin, Vectrin)
Oxytetracycline (Terak, Terra-Cortril, Terramycin, Urobiotic-250)
Tetracycline (Achromycin V, Sumycin, Topicycline, Helidac)

Examples of medications in the Quinolone class:

Acrosoxacin or Rosoxacin (Eradacil)
Cinoxacin (Cinobac)
Ciprofloxacin (Cipro, Ciloxan)
Gatafloxacin (Tequin)
Grepafloxacin (Raxar)
Levofloxacin (Levaquin, Quixin)
Lomefloxacin (Maxaquin)
Moxifloxacin (Avelox, ABC Pak)
Nadifloxacin (Acuatim)
Norfloxacin (Chibroxin, Noroxin)
Nalidixic acid (NegGram)
Ofloxacin (Floxin, Ocuflax)
Oxolinic Acid
Pefloxacin (Peflazine)
Rufloxacin
Sparfloxacin (Zagam, Respipac)
Temafoxacin
Trovafoxacin or Alatrofloxacin (Trovan)