



S.I.C.K. PROGRAM MEDICATION REQUEST FORM

(Please print clearly)

Name of person to be treated: _____ DOB: _____

Allergies: _____

Sponsor's Name: _____ Sponsor's ID #: (20)/_____

1. By signing below, I certify that the above information is accurate and that the following statements are true to the best of my knowledge:

- I do not wish to see a physician or other health care provider for advice before receiving this medication
- I understand this medication is for minor illnesses or conditions only
- If symptoms worsen or do not improve within 48 hours, the person for whom medication(s) is/are intended should be seen by a medical provider
- An eligible beneficiary will use this medication
- The person using this medication is not on flight status, pregnant, or has any known allergies to the medications received

2. On the advice of the medical staff of this facility:

- There is a limit of 3 items per month per patient

3. Did you avoid making an appointment by using your Self Initiated Care Kit? **Yes No**

PLEASE: Put any pertinent comments on the back. Thank you

Specific Medications requested:

X	Medication Available	Use	Comments
	Adult Tylenol 325mg Tablets (50)	Fever/Aches/Pains	
	Sudafed 30mg Tablets (24)	Stuffy nose	
	Claritin 10mg Tablets (30)	Allergies	
	Zyrtec 10mg Tablets (30)	Allergies	
	Benadryl 25mg Tablets (24)	Allergies	
	Motrin 200mg Tablets (24)	Aches/Pains	
	Cough Drops (18)	Sore throat/cough	
	Zyrtec D (24)	Allergies/Stuffy nose	
	Mucinex (20)	Chest congestion	
	Mucinex D (18)	Chest congestion/Stuffy nose	
	Mucinex DM (20)	Chest congestion/cough suppressant	
	Zantac 150mg tablets (24)	Heartburn	
	Imodium 2mg tablets (24)	Diarrhea	
	Bacitracin Ointment (30g)	Prevent infection	
	Hydrocortisone 1% Cream (30g)	Rash	
	Saline Nose Spray (45ml)	Nasal Moisturizer	
	Artificial Tears	Dry eyes	

Home Phone: _____

Work Phone: _____

Your Signature: _____

Today's Date: _____

In accordance with sections 133, 1071-87, 3012, 5031, and 8012, Title 10, United States Code and Executive Order 9397: Privacy Act Statement 1974. Last updated 2/2015