

1

LIST ALL  
HOUSEHOLD  
MEMBERS FOR  
WHOM YOU ARE  
PICKING UP  
MEDICATIONS  
TODAY, INCLUDING  
YOURSELF

2

FOR **EACH MEMBER** OF YOUR HOUSEHOLD, ANSWER ALL THREE  
QUESTIONS BELOW:

A

Is household  
member:

- Pregnant
- Breast feeding
- Under 8 years of age

B

Is household  
member allergic  
to or shouldn't  
take any of  
these:

- Doxycycline (Vibramycin)
- Minocycline
- Tetracycline

C

Is household  
member allergic  
to or shouldn't  
take any of  
these:

- Ciprofloxacin
- Levofloxacin (Levaquin)
- Ofloxacin
- Gatifloxacin
- Moxifloxacin

DECISION MATRIX – STAFF USE ONLY

Answer A

Answer B

Answer C

Provide

No

No / DK

No / DK

Doxy

Yes / DK

No / DK

No / DK

Cipro

Yes / DK

No / DK

Yes

Doxy

Yes / DK

Yes

No / DK

Cipro

Yes / DK

Yes

Yes

Refer

No

No / DK

Yes

Doxy

No

Yes

No / DK

Cipro

No

Yes

Yes

Refer

Last name

First  
NameYes, No or  
Don't Know?Yes, No or  
Don't Know?Yes, No or  
Don't Know?CIRCLE MEDICATION TO BE PROVIDED  
STAFF USE ONLY

Doxy

Cipro

Refer

Doxy

Cipro

Refer

Doxy

Cipro

Refer

Doxy

Cipro

Refer

Doxy

Cipro

Refer

Doxy

Cipro

Refer

Doxy

Cipro

Refer

Doxy

Cipro

Refer

Add Totals Under Doxy &amp; Cipro Columns:

NCR Medication  
Screening Form

3

EACH PERSON SHOULD TAKE THE MEDICINE CIRCLED IN THEIR ROW.