



Potassium Iodide Distribution Form

To be completed by the person receiving potassium iodide

Please select and identify the appropriate organization:

- Agency: _____
- Day Care/School: _____
 Number of employees: _____
 Number of children (greater than 150 lbs): _____
 Number of children (less than 150 lbs): _____
- Individual: _____
 Number of individuals residing in household (1 year and older): _____
 Number of individuals residing in household (under 1 year old): _____
- Business: _____
 Number of employees working in your facility: _____

Contact Information:

Address: _____

Point of Contact Name: _____

Phone: _____

 Signature of recipient _____
 Date

To be completed by St. Mary's County Health Department Staff ONLY

Fact sheet given: ___Yes ___No

KI Instruction sheet given: ___Yes ___No

Number of potassium iodide tablets given: _____

 Dispensing RN _____
 Date

Date _____ Address _____ Phone _____	For each member of your household, answer all questions by circling yes or no below			St. Mary's County Health Department, MD Mass KI Dispensing Form Form Number:		
List all household members for whom you are picking up potassium iodide (KI) today, including yourself in the column below. Last Name, First Name, Middle Initial	A Age/Date of Birth	B Is household member allergic to or should not take any of these: <ul style="list-style-type: none"> ● Iodine ● Potassium Circle YES or No	C Does household member have medical condition dermatitis herpertiformis or urticaria vasculitis? Circle YES or No	FOR STAFF USE ONLY		
				Answer B	Answer C	Provide
			No	No	KI	
			Yes	No	Info only	
			No	Yes	Info only	
			Yes	Yes	Info only	
			Write number of tablets and circle which dosage person is being given. GIVE MEDICATION Circle "not given" if contraindicated or refused. 65 mg KI (Thyrosafe) lot # _____ exp. _____			
				___ 130 mg KI	___ 65 mg. KI	Not given
		YES NO	YES NO	___ 130 mg KI	___ 65 mg. KI	Not given
		YES NO	YES NO	___ 130 mg KI	___ 65 mg. KI	Not given
		YES NO	YES NO	___ 130 mg KI	___ 65 mg. KI	Not given
		YES NO	YES NO	___ 130 mg KI	___ 65 mg. KI	Not given
		YES NO	YES NO	___ 130 mg KI	___ 65 mg. KI	Not given
		YES NO	YES NO	___ 130 mg KI	___ 65 mg. KI	Not given
		YES NO	YES NO	___ 130 mg KI	___ 65 mg. KI	Not given
Screened by: Signature				Date		