



## 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 _____	<b>For each member of your household, answer all questions by circling yes or no below</b>			<b>St. Mary's County Health Department, MD</b> <b>Mass KI Dispensing Form</b> Form Number:		
<b>List all household members for whom you are picking up potassium iodide (KI) today, including yourself in the column below.</b>  Last Name, First Name, Middle Initial	<b>A</b> Age/Date of Birth	<b>B</b> Is household member allergic to or should not take any of these: • <b>Iodine</b> • <b>Potassium</b>  Circle YES or No	<b>C</b> Does household member have medical condition dermatitis herpertiformis or urticaria vasculitis?  Circle YES or No	<b>FOR STAFF USE ONLY</b>		
				Answer B	Answer C	Provide
			No	No	KI	
			Yes	No	Info only	
			No	Yes	Info only	
			Yes	Yes	Info only	
			<b>Write number of tablets and circle which dosage person is being given. GIVE MEDICATION</b> <b>Circle "not given" if contraindicated or refused.</b>  <b>65 mg KI (Thyrosafe) lot # _____ exp. _____</b>			
				___ 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
		YES NO	YES NO	___ 130 mg KI	___ 65 mg. KI	Not given
Screened by: Signature				Date		