

PLEASE FILL OUT THE FORM COMPLETELY WITH AS MUCH INFORMATION AS POSSIBLE...NAME OF PRESCRIPTION...AMOUNT OF MEDS. NEEDED ETC. THIS FORM IS KEPT IN YOUR PERMANENT MEDICAL FILE SO WE NEED THIS INFORMATION FROM YOU.
THANK YOU,

MEDICATION REQUEST FORM - PEACE CORPS NAMIBIA

Name: _____ **Region:** _____ **Date:** _____

ID# _____ **DOB** _____

Please indicate which malaria prophylaxis you are on:

Mark with an "X" which refills you require

Volunteer ordered	delivered	REFILL OF MED KIT CONTENTS	PRESCRIPTION MEDICATION	Qty delivered
		Acetaminophen (Non-Aspirin)		
		Antacid tablets		
		Antibiotic Ointment		
		Artificial tears		
		Band-aids		
		Bismuth Subsalicylate (Peptobismol)		
		Ciprofloxacin 500 mg (6 tabs)		
		Clotrimazole 1% Cream(Antifungal)		
		Condoms		
		Dental Floss		
		Diphenhydramine (Benadryl)		
		Hydrocortisone 1% Anti-Itch Cream		
		Ibuprofen 200mg	OTHER MEDICATIONS or SUPPLIES	
		Ibuprofen 400mg		
		Insect repellent		
		Iodine water tablets		
		Multivitamins		
		Lip Balm		
		Nasal decongestant (medi-phenyl)		
		Oral Rehydration salts		
		Sore Throat lozenges		

_____ Medication sent to PCV

_____ Medication given directly to PCV or _____ (name of person)

_____ Other method: _____

PRESCRIPTION MEDICATION REFILL APPROVED BY PCMO: _____

REQUEST FILLED BY: _____

PCV SIGNATURE: _____ Date _____