## **NYC** ANTIBIOTIC SCREENING FORM 1

Print neatly in CAPITAL LETTERS as shown in pen or pencil or enter the information on a computer.

FYAMPI F123 Fill circles like this	:: O
EXAMPLE 123 Fill circles like this Do NOT fill like this	∷ ⊗

Provide the following information <u>f</u> Health Department for the purpose	•			-	
You must answer questions 1–9 to r	•	•	i illioilliation ai	iu ilisti t	ictions.
First Name		Name			
Date of Birth (MM/DD/YYYY)	Home Zip Code Gende	er			
	Fer	male	nder 🔵 Gender	Noncon	forming
1. Has the person who will take the antibiotic ever had a <u>severe</u> allergic reaction to doxycycline or tetracycline antibiotics that required medical attention?					No
					$\circ$
2. Is the person who will take the antibiotic pregnant?					$\bigcirc$
3. Has the person who will take the or other fluoroquinolones that re		e allergic reaction to ciprof	loxacin (Cipro)	0	0
4. Does the person who will take the antibiotic have myasthenia gravis?					0
5. Is the person who will take the antibiotic taking tizanidine (Zanaflex)?				$\circ$	0
6. Is the person who will take the antibiotic taking theophylline?				$\bigcirc$	$\bigcirc$
7. Does the person who will take the	e antibiotic have kidney disc	ease or are they on dialysi	5?	0	0
8. Is the person who will take the antibiotic <u>unable</u> to swallow pills?				0	0
9. Does the person who will take the If <u>yes</u> , enter weight:lbs.		76 lbs. or 35 kg.?		0	0
	THIS SECTION FOR P	OD STAFF ONLY			
Medical Evaluation			Screening		
Rx: Ciprofloxacin suspension	mg Q12h X 10 days	O Doxycycline (C)	O Doxycycline (C)		
Rx: Clindamycinmg		O Doxycycline Only	O Doxycycline Only		
Rx: Amoxicillinmg Q		Ciprofloxacin Only	Ciprofloxacin Only		
Notes			Medical Evaluation		
Signature			Initials		
I am picking up the antibiotic fo	r myself. I agree to take the	antibiotic as directed.			
OR					
I am picking up the antibiotic fo instructions to the person name		on this form. I agree to pro	ovide the antibio	otic and a	any
Print Your Name	Signature _		Date _		

## Information and Instructions

When you fill out the form and click on "Screen/Print Form," the computer will determine which antibiotic you get. Print the completed form and bring it with you to a POD. This will allow staff to serve you faster.

Blank forms will also be available at PODs.

**Question 1:** A <u>severe</u> allergic reaction is a life-threatening response that may cause problems with breathing and/or swallowing, swelling of the face, eyes or tongue, or chest pain. Common side effects of antibiotics include diarrhea and upset stomach and <u>are not</u> considered severe allergic reactions.

Tetracyclines are a group of antibiotics (including doxycycline, minocycline and tetracycline) that prevents or treats bacterial infections. A person who has had a severe allergic reaction to doxycycline or other tetracyclines cannot take doxycycline; they should answer "Yes" to this question.

**Question 2:** Ciprofloxacin is generally preferred for a person who is pregnant. However, if they have been exposed to anthrax, they can also take doxycycline to prevent anthrax infection. A person who is pregnant may receive either doxycycline or ciprofloxacin based on their answers to the other screening questions. They should answer "Yes" to this question.

**Question 3:** A <u>severe</u> allergic reaction is a life-threatening response that may cause problems with breathing and/or swallowing, swelling of the face, eyes or tongue, or chest pain. Common side effects of antibiotics include diarrhea and upset stomach and <u>are not</u> considered severe allergic reactions.

Fluoroquinolones is a group of antibiotics (including ciprofloxacin, levofloxacin and moxifloxacin) that prevents or treats bacterial infections. A person who has had a severe allergic reaction to ciprofloxacin or other fluoroquinolones cannot take ciprofloxacin; they should answer "Yes" to this question.

**Question 4:** Myasthenia gravis is a chronic condition that causes muscle weakness. Ciprofloxacin can make the symptoms of myasthenia gravis worse. Doxycycline does not have this effect. A person who has ever had a diagnosis of myasthenia gravis cannot take ciprofloxacin; they should answer "Yes" to this question.

**Question 5:** Tizanidine (Zanaflex) is a medication that relieves muscle spasms. Ciprofloxacin can make the side effects of tizanidine (Zanaflex) worse. Doxycycline does not have this effect. A person who is currently taking tizanidine (Zanaflex) cannot take ciprofloxacin; they should answer "Yes" to this question.

**Question 6:** Theophylline is a medication that treats some breathing problems. Ciprofloxacin can make the side effects of theophylline worse. Doxycycline does not have this effect. A person who is currently taking theophylline can still take ciprofloxacin but must have their theophylline levels checked. They should answer "Yes" to this question.

**Question 7:** Kidney disease means that the kidneys are damaged and can't filter blood normally. Kidney damage reduces the body's ability to process ciprofloxacin. Kidney damage does not reduce the body's ability to process doxycycline. A person who has kidney disease, or is on dialysis, can still take ciprofloxacin but may need a lower dose. They should answer "Yes" to this question.

**Question 8:** A person who is <u>unable</u> to swallow pills may vomit, gag, or choke on a pill. They must receive a liquid antibiotic or an antibiotic that can be crushed. A person who is unable to swallow pills should answer "Yes" to this question.

**Question 9:** A person who weighs less than 76 pounds or 35 kilograms may need a lower dose of antibiotic. They should answer "Yes" to this question and fill in their weight.