

Medical Countermeasures Dispensing

For additional information follow the link: <http://www.co.hunterdon.nj.us/health/php.htm>

The JEMS form is completed when you enter a **Point of Distribution (POD)** to ensure there are no drug interactions with the medications being distributed. Completing the form ahead of time and keeping readily available could give priority distribution to the holder upon entering a POD. Prefilling the form also provides an opportunity for residents to seek the advice of their medical provider regarding drug interactions with current prescribed medications.



**HUNTERDON COUNTY DIVISION OF HEALTH
EMERGENCY MEDICATION DISTRIBUTION
JEM METHOD FORM
Doxy Preferred Medication Form**



Circle yes (Y) or no (N) to Questions 1-6 about yourself and all family members living with you

Question	SELF	Family Member #1	Family Member #2	Family Member #3	Family Member #4	Family Member #5
1. Allergic to Doxycycline/Tetracycline?	Y N	Y N	Y N	Y N	Y N	Y N
2. Take Coumadin (blood thinner), Tegretol or Phenobarbital (seizures)	Y N	Y N	Y N	Y N	Y N	Y N
3. Pregnant, breastfeeding or Age under 8	Y N	Y N	Y N	Y N	Y N	Y N
4. Allergic to Ciprofloxacin?	Y N	Y N	Y N	Y N	Y N	Y N
5. Kidney/Renal Disease?	Y N	Y N	Y N	Y N	Y N	Y N
6. Take glyburide (diabetes) or Theophylline (asthma)?	Y N	Y N	Y N	Y N	Y N	Y N
Do not write below this line						
Doxycycline Candidate? Q1-3 is all N	Y	Y	Y	Y	Y	Y
Ciprofloxacin Candidate? Q4-6 is all N	Y	Y	Y	Y	Y	Y
Medication Given	D C	D C	D C	D C	D C	D C

NOTE if unable to receive either Doxy or Cipro refer them to their Primary MD

Total Doxy Distributed: _____

Total Cipro Distributed: _____

Total Regimen Distributed: _____