SECTION I – PATIENT'S CERTIFICATION SECTION I – PATIENT'S CERTIFICATION I carefully that: a. 1 do not wish to see a provider for advice before receiving the medication indicated below. b. Lunderstand that the medication is for use only in <u>minor</u> illnesses/conditions. c. If symptoms persist for more than 4.8 hours. J. Will consult an medical professional. d. The person requesting this medication is not under the age of 18 years. c. The medication is only being used by the patient named below. 2. I further certify that	Fort JOHNSON MEDDAC SELF-CARE OVER-THE-COUNTER REQUEST FORM		
 a. I do not wish to see a provider for advice before receiving the medication indicated below. b. I understand that the medication is for use only in <u>migor</u> linesses/conditions. c. If symptoms persist <u>for more than 48 hours</u>, i will consult a medical professional. d. The person requesting this medication is not under the age of 18 years. e. The medication is only being used by the patient named below. I further certify that	SECTION I – PATIENT'S CERTIFICATION		
a. On flying status: b. Allergic to any medication selected. c. Intending to use the medication for any purpose other than that recommended on the package labeling. Name of patient, parent, or guardian Signature DOD ID# Date SECTION II - MEDICATIONS There is a limit of two (2) medications per individual and four (4) medications per family per 30-calendar day period. <u>Misuse of this program will result in loss of privileges. Drug names appearing below in parentheses are of commonly used brand/trade names and are used as examples only. MY AGE Bacitracin ointment 30gm- antibacterial Silmethicone (Mylicon) 40mg/0.6mL liquid 30mL-for gas Zinc Oxide ointment topical 30gm - shin protectant Acetaminophen (Tylenoi) 160mg/mL (hild) liquid 120mL for pain and fever relief TWO YARS & OLDER: O Clotrimio) 1% cream 15gm-anti fungal Hydrocortisone 0.5% & 1.0% cream 30gm-anti-inflammatory (Caution in pediatrics-use least amount for shortest time) Ibuprofen (Mvtrin) 100mg/SmL liquid 120mL⁺ for pain and fever relief O Acetaminophen (Tylenoi) 125mg tablets 100s-pain and fever relief SIX YARS & OLDER: Acetaminophen (Tylenoi) 325mg tablets 100s-pain and fever Diphenhydramine (Benadryl) 25mg capsules 24s Diphenhydramine (Benadryl) 25mg capsules 24s Diphenhydramine (Benadryl) 12.5mg/SmL liquid 120mL buprofen (Motrin) 100mg tablets 100s-pain and fever Loratadine (Clarith) 10mg tablets 30s-allergy or runny nose Loratadine (Clarith) 10mg tablets 30s-allergy or runny nose Loratadine (Clarith) 10mg tablets 30s-allergy or runny nose- Loratadine (Clarith) 10mg tablets 30s-allergy or runny nose- Loratadine (Clarith) 10mg/ms liquid 325mL Clotrimazole 10 (Avithagen 45gm-anti fungal Curtimazole 10 (Avit</u>	 a. I do not wish to see a provider for advice before receiving the medication indicated below. b. I understand that the medication is for use only in <u>minor</u> illnesses/conditions. c. If symptoms persist <u>for more than 48 hours</u>, I will consult a medical professional. d. The person requesting this medication is not under the age of 18 years. e. The medication is only being used by the patient named below. 		
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Name of patient, parent, or guardian Signature DDD ID# Date SECTION II – MEDICATIONS There is a limit of two (2) medications per individual and four (4) medications per family per 30-calendar day period. Misuse of this program will result in loss of privileges. Drug names appearing below in parentheses are of commonly used brand/trade names and are used as examples only. ANY AGE: Bacitracin ointment 30gm- antibacterial Sime (Ocean Mist) nasal mist 45mL Simethicone (Mylicon) 40mg/0.5mL liquid 30mL-for gas Zinc Oxide ointment topical 30 gm – skin protectant Acetaminophen (Tylenol) 160mg/mL (child) liquid 120mL for pain and fever relief TWO YEARS & DIDER: Clotrimazole (Lotrinin) 1% cream 15gm -anti fungal Hydrocortisone 0.5% & 1.0% cream 30gm-anti-inflammatory (Caution in pediatrics-use least amount for shortest time) Ibuprofen (Motrin) 100mg/5mL liquid 120mL* for pain and fever relief 			
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BJACH SELF CARE SURVEY

1. I used Self-Care instead of an Emergency Room visit.

Yes	No	NA

2. I used Self-Care instead of making a Tricare Same Day Appointment

Yes	No	NA

3. I avoided missing training time by using Self-Care.

Yes	No	NA

4. I used Self-Care instead of Sick Call

Yes	No	NA

5. The Self-care class and manual helped me decide to use Self-care or seek medical care via Sick Call, Same day appointment or Emergency Room

Yes	No	NA

6. Have you used Self-care within the last 30 days for the same illness?

Yes	No	NA

The Self-care program is a benefit to my health?

Yes	No	NA

THANK YOU FOR YOUR SUPPORT IN COMPLETING THIS SURVEY

BJACH PHARMACY SERVICE

AND DEPARTMENT OF PREVENTIVE MEDICINE