

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (*Sign each entry*)

**MALARIA PROPHYLAXIS SCREENING
(DOXYCYCLINE/VIBRAMYCIN)**

DATE

SNM transferring/visiting a malarious area. Advised as to personal protective measures (such as proper clothing, DEET, permanone, and bed nets) and chemical prophylaxis. Vibramycin may be associated with possible photosensitivity. Contraindicated in children under 8 years old and pregnant women.

RX: Doxycycline 100 mg, Disp # _____

Directions: Take one capsule every day, starting 2 days prior to entering malarious area. Once in malarious area, continue taking the daily medications until departure.

- 1. Liver Problems: Y/N
- 2. Alcohol Consumption Y/N Amount: _____
- 3. Pregnant Y/N
- 4. Drug Allergies Y/N List: _____
- 5. Taking any medications?: Y/N List: _____
- 6. G6PD results: _____

Interviewer's Signature: _____

Medical Officer's Signature: _____

PATIENT'S IDENTIFICATION (*Use this space for Mechanical Imprint*)

RECORDS MAINTAINED AT: 

PATIENT'S NAME (<i>Last, First, Middle Initial</i>)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ACTIVITY/DIVISION
DEPART./SER	SSN/IDENTIFICATION NO.	DATE OF BIRTH

