

FORT MEADE MEDDAC SELF-CARE OVER-THE-COUNTER REQUEST FORM

SECTION I – PATIENT’S CERTIFICATION

1. I certify that:
- 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 minor illnesses/conditions.
 - c. If symptoms persist for more than 48 hours, 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.
2. I further certify that _____, _____ is not –
(Patient’s name) (Date of birth)
- 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	Prefix-SSN	Date

SECTION II – MEDICATIONS

***There is a limit of two (2) medications per individual 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 1oz [TOPICAL ANTIBIOTIC]
- Saline (Deep Sea eq) nasal mist 45mL [ALLERGY/SINUS]
- Simethicone (Mylicon eq) 40mg/0.6mL liquid 30mL [GAS]

TWO YEARS & OLDER:

- Acetaminophen (Tylenol eq) 160mg/5mL (child) liquid 118mL [PAIN/FEVER] *
- Acetaminophen (Tylenol eq) 80mg chewable tablets 30s [PAIN/FEVER]
- Clotrimazole (Lotrimin eq) 1% cream 1/2oz [TOPICAL ANTIFUNGAL]
- Hydrocortisone 1% cream 1oz [TOPICAL ANTI-ITCH]
- Ibuprofen (Motrin eq) 100mg/5mL liquid 118mL [PAIN/FEVER] *

SIX YEARS & OLDER:

- Acetaminophen (Tylenol eq) 325mg tablets 100s [PAIN/FEVER]
- Cetirizine (Zyrtec eq) 10mg tablets 30s [ALLERGY/SINUS]
- Diphenhydramine (Benadryl eq) 25mg capsules 24s [ALLERGY/SINUS]
- Diphenhydramine (Benadryl eq) 12.5mg/5mL liquid 120mL [ALLERGY/SINUS]
- Loperamide (Imodium AD eq) 2mg capsules 12s [DIARRHEA]
- Milk of Magnesia liquid 473mL [CONSTIPATION]
- Pseudoephedrine (Sudafed eq) 30mg tablets 24s [ALLERGY/SINUS]
- Pseudoephedrine (Sudafed eq) 30mg/5mL liquid 118mL [ALLERGY/SINUS]

TWELVE YEARS & OLDER:

- Alum/Mag OH (Maalox Max eq) liquid 355mL [GAS, HEARTBURN]
- Carbamide (Debrox eq) 6.5% ear drops 15mL [EAR WAX REMOVAL]
- Guaifenesin (Robitussin eq) liquid 118mL [COUGH]
- Guaifenesin/Dextromethorphan (Robitussin DM eq) liquid 118mL [COUGH]
- Ibuprofen (Motrin eq) 200mg tablets 24s [PAIN/FEVER]

SIXTEEN YEARS & OLDER:

- Aspirin 81mg enteric coated tablets 120s [PAIN/FEVER]
- Bismuth Subsalicylate (Pepto Bismol eq) 262mg chewable tablets 30s [DIARRHEA, HEARTBURN, NAUSEA]

* Weight-based dosing may be provided by a pharmacist for patients < 2 years of age.