

SICK (Self-Initiated Care Kit) Program

Dyess AFB, TX
(325) 696-4677, Option 5,1,3



Instructions: Fill out a separate form for each patient. Provide the **PATIENT'S** information where asked. Complete this form, then turn it in at the pharmacy window in person or at the drop box located outside of the pharmacy. Turnaround time for pick up is 2 duty days.

Patient Name: _____ Phone Number: _____

Patient DOB: _____ DoD #: _____

Allergies: _____

Answer **ALL** of the following questions for the **PATIENT**:

Yes or No	Less than 12 years old?	Yes or No	On PRP, Flying or Arm Use of Force status?
Yes or No	Less than 6 years old?	Yes or No	Pregnant or breastfeeding?
Yes or No	Less than 4 years old?	Yes or No	Symptoms lasting 7 or more days? (except allergies)
Yes or No	Less than 2 years old?	Yes or No	Fever at or above 101.1°F for 3 or more days?

Place an X next to the medications you would like (**MAX OF 3**):

Children (2 years to 11 years)			
X	Medication	Age	Use
	Children's Tylenol liq	2	Fever/Aches/Pains
	Children's Ibuprofen liq	2	Fever/Aches/Pains
	Children's Allegra liq	2	Seasonal Allergies
	Children's Benadryl liq	6	Seasonal Allergies
	Children's Claritin liq	2	Seasonal Allergies
	Children's Zyrtec liq	2	Seasonal Allergies
	Flonase Nasal Spray	4	Seasonal Allergies
	Nasal Saline Spray	2	Nasal Congestion
	Bacitracin ointment	2	Topical Antibiotic
	Hydrocortisone 1%	2	Topical Steroid
	Eucerin Cream	2	Dry Skin

Did you reference familydoctor.org website?	YES/NO
Did you use the Nurse Advice Line?	YES/NO
Did you avoid making an appointment with your PCM because this service was available?	YES/NO

Adult (12 years and up)		
X	Medication	Use
	Adult Tylenol 325mg tabs	Fever/Aches/Pains
	Adult Ibuprofen 400mg tabs	Fever/Aches/Pains
	Allegra 180mg tab	Seasonal Allergies
	Benadryl 25mg Cap	Seasonal Allergies
	Claritin 10mg tab	Seasonal Allergies
	Zyrtec 10mg tab	Seasonal Allergies
	Cepacol Cough Drop	Cough
	Mucinex 600mg ER tab	Cough/Mucolytic
	Robitussin DM liquid	Cough Suppressant
	Afrin Nasal Spray	Nasal Congestion
	Flonase Nasal Spray	Seasonal Allergies
	Nasal Saline Spray	Nasal Congestion
	Bacitracin ointment	Topical Antibiotic
	Clotrimazole 1% cream	Topical Antifungal
	Hydrocortisone 1% cream	Topical Steroid
	Eucerin Cream	Dry Skin
	Sudafed 30mg tab	Seasonal Allergies
	Prilosec 20mg cap	Acid Reflux
	Colace 100mg cap	Stool Softener
	Imodium 2mg cap	Diarrhea
	Nicotine Gum 2mg	Smoking Cessation
	Step 1 Nicotine Patch 21mg	Smoking Cessation
	Step 2 Nicotine Patch 14mg	Smoking Cessation
	Step 3 Nicotine Patch 7mg	Smoking Cessation

By signing below, I certify the following:

- I understand this medication is for minor illnesses/conditions only – a **maximum of 30 days' supply will be given**
- If symptoms worsen or do not improve, the patient should be seen by a medical provider
- I do not require any additional education or counseling for any medications in the SICK program
- This medication will be used by the eligible TRICARE beneficiary listed above
- There is a limit of 3 medications per beneficiary per month
- All of the information provided above is true and accurate to the best of my knowledge

Patient/Guardian Signature: _____ Date: _____

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