

PENNSYLVANIA DEPARTMENT OF HEALTH
POTASSIUM IODIDE (KI) DISTRIBUTION FORM

Name: _____ Date: _____

Street Address: _____

City: _____ State: PA Zip: _____

Phone: (Home) _____ (Work) _____

Number of household members: _____

Signature of Family Member Receiving Potassium Iodide _____ Date _____

(To be completed by Health Department Staff)

KI Instruction Sheet in envelope

Number of Potassium Iodide tablets given

Signature of staff member _____

Date _____