



VISITOR MEDICATION QUESTIONNAIRE

Please Print

Offender Name	DOC Number
Visitor's Name	
Planned Visit Date	

List any **prescription medication** you require during your visit, **including prescription contraception**. Prescription medication must be in the original, prescription container (all labels adhered).

Medication and Strength	Times Normally Taken

List any **non-prescription medication** you require during your visit. Non-prescription medication must be in their original container.

Medication/Supplement	Dosage Taken	Times Normally Taken

List any **non-prescription contraception/barrier protection, including condoms**, you are bringing for your visit.

Type	Quantity

Visitor's Signature

Date

NOTE: Destroy form AFTER the EFV visit.