

Potassium Iodide (KI) Request Form

(Instructions: Please Complete Form and Bring with you to KI Distribution Center - Please PRINT CLEARLY - Thank you!)

Name: _____

Street Address: _____

City, State, ZIP _____

Telephone Number: _____ Email Address: _____

Proof of Address Provided: Driver's License # : _____ Other: (Utility Bill, etc): _____

Is this for a: (Please Check one) Residence: _____ Business: _____ Municipality: _____

PLEASE COMPLETE YELLOW COLUMN ONLY BY PROVIDING THE NUMBER OF ADULT AND CHILDREN RESIDING AT THIS ADDRESS

Tablets Requested by Resident	
**Please indicate NUMBER of Adults and Children in your household for EACH category below:	
Adults:	
Child: <small>(Age 12-18 years that weigh at least 150 lbs)</small>	
Child: <small>(Age 12-18 years that weigh less than 150 lbs)</small>	
Child: <small>(Ages 3 to 12 years Years old)</small>	
Child: <small>(1 month to 3 years of age)</small>	
Infant: <small>(Birth to less than 1 month old)</small>	

For Official Use Only DOSAGE CALCULATIONS RESIDENT: PLEASE DO NOT WRITE IN THIS SECTION PUBLIC HEALTH/PHARMACY SPECIALIST WILL DO SO WHEN THEY DISPENSE YOUR TABLETS						
Total Dose Per Day (mg)	Tablets (65mg) Per Dose	Days	Tablets Dispensed Per Person	Number of Persons	Total # Tablets Per ADULT	Total # Tablets Per CHILD
130mg	2	x 2 =	4	x (Adult) =		
130mg	2	x 2 =	4	x (Adult) =		
65mg	1	x 2 =	2	x (Child) =		
65mg	1	x 2 =	2	x (Child) =		
32.5mg	1/2	x 2 =	1	x (Child) =		
32.5mg	1/4	x 2 =	1	x (Child) =		
Tablet Totals for Adults and Children:						

Resident's Signature _____ Date _____

(Official Use Only) :

Description of Tablets Dispensed today:
Thyrosafe® KI Tablets 65 mg -
Lot - TU401A -- Exp - 12/31/2019

Total Number of Tablets Issued

ADULTS: _____ Children: _____

For Information regarding KI Distribution Process, contact: Radiological Emergency Preparedness (REP) Program Manager,
Delaware Emergency Management Agency, 165 Brick Store Landing Road, Smyrna, DE 19977 Phone (302) 659-3362