

Protected B (when completed)

# Common CTC JI Form – Medication Record

**Instructions:**

Complete this form with as much detail as possible. Once completed, please place in a sealed envelope and return with all other documents to the CTC.

1. CADET IDENTIFICATION			
Cadet Name:	_____	CIN:	_____
Corps/Sqn:	_____	Location:	_____
Course:	_____	CTC:	_____
Phone Number:	_____		

  

2. MEDICATION IDENTIFICATION			
<i>List each medication accordingly, following the example provided.</i>			
#	Medication	Physical Description	Dosage
	<i>Lorazepam</i>	<i>Pill, round, white, "15mg"</i>	<i>As needed, 1 per day</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

  

3. DECLARATION	
I, _____, understand that I am responsible for managing and taking my medication in accordance with advice and instructions of professional medical personnel.	
_____	_____
Cadet (Signature)	Date
_____	_____
Witness (Print Name)	Witness (Signature)

  

4. PRESCRIPTION PROVIDED	Yes	No

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