STATE OF ALASKA DEPARTMENT OF CORRECTIONS

MEDICATION ADMINISTERING CHART

Year_____

Name + OBSCIS#	D.O.B.	INSTITUTION:	ALLERGIES

Self-Medication (SM-ML) is documented by the Officer writing an "S" in the appropriate block for each dose. Refused doses are to be circled.

SIGNATURE INITIAL SECTION

All persons initialing as administering medications on this sheet (front or back) must enter their initials below (signature and printed name). Enter both first and last names as well as title.

ENTER PRESCRIPTION, DATE OF PRESCRIPTION, STOP DATE, FREQUENCY, and AUTHORIZED BY:

TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

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ITEM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
WEIGHT																															
BP																															
BLOOD-SUGAR																															