

**LIST AND TYPE OF MEDICATION**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NO.** | | **LAST NAME** |  | **FIRST NAME** | **MIDDLE NAME** | | **GENDER** | | **AGE** | **DATE OF BIRTH** | | **TYPE OF ILLNESS** | **MEDICATION TAKEN** | | |
| **MALE** | **FEMALE** | **NAME OF MEDICINE** | **GRAMS** | |
| **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** | |  |  |  |  | |  |  |  |  | |  |  |  | |
| Prepared by: | | | | |  | | | | | Certified by: | | | |
|  | | | | |  | | | | |  | | | |
| **MIRASOL S. TAÑARA** | | | | |  | | | | | **RIFE D. AVENIDO** | | | |
| Purok Secretary | | | | |  | | | | | Purok President | | | |