

FERNALD MEDICAL MONITORING PROGRAM  
FIFTH EXAM - 2000  
INFORMATION UPDATE

4. List any medications that you now take on a regular basis (at least 2 times in a week). Include both prescription and non-prescription medications. Please copy the drug name and other information from the bottle or vial. DOSE is often the number of milligrams or mgs. FREQUENCY refers to "three times per day," or "every 4 hours," or "as needed."

	MEDICATION NAME	DOSE	FREQUENCY
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____