**VISITOR MEDICATION AND DURABLE**

**MEDICAL EQUIPMENT QUESTIONNAIRE**

Incarcerated individual:       DOC number:

Visitor:       Planned visit date:

List the need for any durable medical equipment and Over the Counter and prescribed medication you require during your Extended Family Visit (EFV). Medication will only be allowed if current and in the original container with all labels adhered. Prescription medication must be labeled by a licensed pharmacy.

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| --- | --- | --- |
| **Prescription medication and strength, including prescription contraception** | | **Times normally taken** |
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| **Over the Counter medication/supplement** | **Dosage taken** | **Times normally taken** |
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| **Over the Counter contraception/barrier protection, including condoms** | | **Quantity** |
|  | |  |
| **Durable medical equipment** | | |
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|  | | |

Visitor signature Date

**Submit completed form and required documents to Attn: Facility EFV Program at least 2 weeks before the scheduled visit date.**

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

Distribution: **ORIGINAL** - Visiting Department (Destroy AFTER the EFV visit)