Department of Corrections
WASHINGTON STATE

MEDICATION LOG - REENTRY CENTER

Name: _____ DOC number: _____

Medication: _____ Number of pills: _____ Date turned in: _____

Instructions: _____

DATE	TIME	PILL TAKEN	PILLS LEFT	INITIAL	EMPLOYEE INITIAL

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** – Resident file