

**SCHIFFERT HEALTH CENTER**  
McComas Hall (0140); Blacksburg, VA 24061  
PHONE: 540-231-6444 -or- FAX: 540-231-7473

## OVER-THE-COUNTER MEDICINE REQUEST FORM

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING:

LIST ALL DRUG ALLERGIES:

COMPLETE THE FOLLOWING INFORMATION.

I WOULD LIKE TO RECEIVE THE FOLLOWING SELF-CARE COLD MEDICATION FOR RELIEF OF MY COLD SYMPTOMS:

- PHENYLEPHRINE ("Sudafed PE<sup>®</sup>") for stuffy nose
- CHLORPHENIRAMINE for runny nose
- GUAIFENESIN ("Robitussin<sup>®</sup>") for cough
- MENTHOL THROAT LOZENGES for sore throat
- ACETAMINOPHEN ("Tylenol<sup>®</sup>") for aches and/or fever
- OR**
- IBUPROFEN ("Motrin<sup>®</sup>" or "Advil<sup>®</sup>") for aches and/or fever

I UNDERSTAND THAT IF I DO NOT THINK MY SYMPTOMS ARE CAUSED BY A COLD OR MY SYMPTOMS DO NOT IMPROVE WITHIN 7 DAYS, I AM ENCOURAGED TO CALL SCHIFFERT HEALTH CENTER AT 231-6444 TO MAKE AN APPOINTMENT.

STUDENT I.D. #:

DATE:

PRINT NAME:

SIGNATURE:

**SIGN & DATE THIS FORM AND TAKE TO THE PHARMACY.**