

# TAKE HOME NALOXONE: DISTRIBUTION RECORD

Once full, FAX this form to 604.707.2516

Site ID# \_\_\_\_\_ Full Site Name \_\_\_\_\_ City \_\_\_\_\_

DATE KIT GIVEN OUT	KIT RECIPIENT DESCRIPTION				NOTES <b>**Optional Site Use**</b> (not required by BCCDC)	
	OD RISK	GENDER	AGE RANGE (YRS)			1 <sup>ST</sup> KIT OR REPLACEMENT
MM/DD/YYYY	<input type="checkbox"/> At risk of OD <input type="checkbox"/> Not at Risk	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> < 19 <input type="checkbox"/> 31-60	<input type="checkbox"/> 19-30 <input type="checkbox"/> > 60	<input type="checkbox"/> 1 <sup>st</sup> Kit <input type="checkbox"/> Replacement (Last Kit Used) <input type="checkbox"/> Replacement (Other Reason)	
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