



Chester County Health Department

Pennsylvania Department of Health Potassium Iodide (KI) Distribution Form

Date: _____

Name: _____

Street Address: _____

City: _____ State: PA Zip Code: _____

Phone: _____ Email: _____

Number of Household Members: _____

Signature of Individual Receiving KI Tablets

Date

Return completed form to the Chester County Health Department by:

- Email: cchd@chesco.org, subject line: Potassium Iodide
In-person or Mail: Chester County Health Department
Attn: Potassium Iodide Distribution
601 Westtown Rd, Suite 290
West Chester, PA 19380

Completed by Health Department Staff

Number of KI tablets provided: _____

KI dosing instructions and fact sheet provided: _____

(Initial)

Signature of Individual Dispensing KI Tablets

Date