

Issuance Log*

Multivitamin Distribution Program

Month/Year: _____ Site name (print): _____

Instructions: To confirm receipt of vitamins, recipient must write her initials below. Staff member must initial, date, and indicate the number of bottles distributed and if this is a refill. Staff members are not responsible for determining patient's low-income status.

<i>I received vitamins today and qualify for low-income services.</i>	Initials _____	1	
<i>Recibi vitaminas hoy y califico para recibir servicios de bajo ingreso.</i>	Iniciales _____		
Staff initials _____	Date _____	Number of bottles _____	Refill? Yes <input type="checkbox"/> No <input type="checkbox"/>

<i>I received vitamins today and qualify for low-income services.</i>	Initials _____	2	
<i>Recibi vitaminas hoy y califico para recibir servicios de bajo ingreso.</i>	Iniciales _____		
Staff initials _____	Date _____	Number of bottles _____	Refill? Yes <input type="checkbox"/> No <input type="checkbox"/>

<i>I received vitamins today and qualify for low-income services.</i>	Initials _____	3	
<i>Recibi vitaminas hoy y califico para recibir servicios de bajo ingreso.</i>	Iniciales _____		
Staff initials _____	Date _____	Number of bottles _____	Refill? Yes <input type="checkbox"/> No <input type="checkbox"/>

<i>I received vitamins today and qualify for low-income services.</i>	Initials _____	4	
<i>Recibi vitaminas hoy y califico para recibir servicios de bajo ingreso.</i>	Iniciales _____		
Staff initials _____	Date _____	Number of bottles _____	Refill? Yes <input type="checkbox"/> No <input type="checkbox"/>

<i>I received vitamins today and qualify for low-income services.</i>	Initials _____	5	
<i>Recibi vitaminas hoy y califico para recibir servicios de bajo ingreso.</i>	Iniciales _____		
Staff initials _____	Date _____	Number of bottles _____	Refill? Yes <input type="checkbox"/> No <input type="checkbox"/>

<i>I received vitamins today and qualify for low-income services.</i>	Initials _____	6	
<i>Recibi vitaminas hoy y califico para recibir servicios de bajo ingreso.</i>	Iniciales _____		
Staff initials _____	Date _____	Number of bottles _____	Refill? Yes <input type="checkbox"/> No <input type="checkbox"/>

<i>I received vitamins today and qualify for low-income services.</i>	Initials _____	7	
<i>Recibi vitaminas hoy y califico para recibir servicios de bajo ingreso.</i>	Iniciales _____		
Staff initials _____	Date _____	Number of bottles _____	Refill? Yes <input type="checkbox"/> No <input type="checkbox"/>

<i>I received vitamins today and qualify for low-income services.</i>	Initials _____	8	
<i>Recibi vitaminas hoy y califico para recibir servicios de bajo ingreso.</i>	Iniciales _____		
Staff initials _____	Date _____	Number of bottles _____	Refill? Yes <input type="checkbox"/> No <input type="checkbox"/>

Totals for this sheet: Total women served: _____ Total bottles distributed: _____

**This is a sample form that may be used for multivitamin distribution documentation*