

Potassium Iodide (KI) Voucher

To get KI, fill out this form and take it to one of the participating pharmacies. You must live or work within 10-miles of one of Michigan's three nuclear power plants, be 18 years or older, and provide a government-issued photo ID.

Read the information below before signing the voucher. Signing indicates that you understand and agree to the following:

I understand that:

- KI is an over-the-counter, non-prescription drug.
- KI is to be taken only when a General Emergency has been declared at the nuclear power plant.
- KI is NOT a substitute for evacuation or sheltering-in-place.
- KI only protects the thyroid gland from radioactive iodine. It does not protect the rest of the body. In a nuclear power plant emergency, there could be health risks from other forms of radiation.
- Although taking KI is usually safe, it can cause problems in people who have thyroid disease, are allergic to iodine, or have dermatitis herpetiformis or hypocomplementemic vasculitis, two very rare skin diseases. If I have any of these conditions, I will talk to my doctor before I take KI.
- This KI program is run by the Michigan Department of Health and Human Services. If I have questions I can call 517-335-8150 or send an e-mail to mdhhs-ki@michigan.gov.

I agree that:

- I have read the potassium iodide (KI) fact sheet and will follow all instructions on how to use KI.
- I will follow the instructions of emergency officials.
- I will hold the pharmacy harmless from all liability, claims, suits, or actions related to the use, delivery, labeling, and packaging of KI.

-----Additional information for businesses-----

- I own or represent the named business/institution.
- This business/institution will provide information on dosing and medical contraindications to all employees/clients prior to distributing KI. This information is provided in each box of KI and on the MDHHS website at www.michigan.gov/ki.

By signing this form, I agree that I have read the information provided on the fact sheets above and I am obtaining KI for people who live or work within 10 miles of a nuclear power plant. (Complete 1 OR 2)

1. For a HOUSEHOLD:

Your name: _____ Telephone: _____
Address: _____ City: _____ Zip: _____
County: _____ Number of people living in your home: _____ Ages: _____

Signature _____ Date _____

2. For a BUSINESS:

Name of business: _____
Address: _____ City: _____ Zip: _____
Contact name: _____ Telephone: _____
Number of employees/patients/residents/clients: _____

Signature _____ Date _____

PHARMACY USE ONLY			
# of boxes dispensed:	Lot #:	Date Dispensed:	
Pharmacy name:	Pharmacy #:	City:	