

USPS NPM Household Exemption Form
for use by USPS volunteer when a household member is not eligible for a
Household Antibiotic Kit

_____ (name or names of my household member) is/are not eligible to receive a doxycycline household antibiotic kit (HAK). I have been informed that this person would need to go to a mass dispensing clinic for medications during an emergency.

After discussing this with my family and/or public health staff, I have made the following decision about my individual participation in the Postal Plan program to distribute medications in the community during an emergency. I understand I can change my decision at any time.

_____ Yes, I want to participate

_____ No, I do not want to participate

Signature _____

Printed name: _____

Date: _____

Mail this form to: