



POTASSIUM IODIDE (KI) DISTRIBUTION FORM
BUSINESS/ORGANIZATION/FACILITY

Name of Organization: _____ Date: _____

Contact name and title: _____

Street Address: _____

City: _____ State: PA Zip: _____

Phone: _____

Maximum Number of Individuals on Site: _____

Signature of Individual Receiving KI

Date

Note: Business KI orders will not be filled at the public distribution sites. You will be contacted when your order is ready for pickup at the Pottstown Health Center.

(To be completed by Health Department Staff)

KI Fact Sheet in envelope (check box)

Number of Potassium Iodide tablets given: _____

Signature of staff member

Date