This form may be used to record the regular use of Over-the-Counter (OTC) medication after CCF-36 Participant Treatment Sheet - Over-the-Counter Medication has been completed and signed.

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| --- | --- | --- | --- | --- | --- |
| **Participant Name:** | | | | | |
| **Date** | **Time** | **Name of non-prescription medication eg. cream, powder** | **Site where applied** | **Reason for administering** | **Name of person administering** |
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*Record keeping:*  *Electronically file in the participants medication folder*