



I am currently taking the anti-malarial drug LARIAM. This treatment could cause me one or more of the following side effects

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Racing pulse | <input type="checkbox"/> Agressive |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Nerves | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Paranoia | <input type="checkbox"/> Confused speech |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Mood swings | |

If I feel any of the above symptoms developing to a worrisome degree, I must urgently consult a doctor.

If I do not have access to a doctor,

- 1) I will stop taking LARIAM and replace it immediately with Malarone or Doxycycline.
- 2) If the symptoms persist, or if I do not have access to any alternative medicine, I will leave the risk area and consult a doctor.
- 3) If the symptoms persist at a level to cause worry, I will return home or be repatriated where I will be followed by a doctor and family members.

In any of the above situations, I will give this document to be read by a competent person who will follow me (ie health officer, caregiver) and will ask my entourage about any symptoms they may have noticed in me.

WARNING : The worst case scenario of mental instability could lead me to commit suicide. Please take these symptoms very seriously.

Last Name:

First Name:

Country of Residence:

Insurance: Tel:.....Policy #:.....

Family Doctor: Tel:

Person to contact in case of emergency:

Tel:

