



Mater Dei Blister Pack VISUAL CHECKLIST

Check the Name and Address. [DOB if printed]

Current or recent photograph [Printed or attached]

Check the overall integrity of the packaging on the front of the blister pack

Blister pack labelled MON to SUN or dated correctly

Check the integrity of the tablets in each individual blister

Check that the medications listed on the back of the medication blister pack match the medications listed on the Student's Medication Schedule

Check that the number of tablets listed on the back of the blister pack corresponds with the number of tablets in each and every individual blister

Check that the descriptions of the medications listed on the back of the medication blister pack (colour, shape) match the medications in each and every individual blister.

Check the specific dosages listed on the back of the medication blister pack match the medications listed on the Student's Medication Schedule

Check the overall integrity of the packaging on the front and rear of the blister pack

