Enrollment ID: _____

Multnomah County

Naloxone Enrollment Form

Site	
Date	
Trainer	
Manufacturer	
Lot Number	
Expiration	

1. **Name**

_____
Last **First** **MI**

2. **Date of birth:** _____

3. **Agency** _____

Division (if applicable) _____

4. **Zip Code** _____

5. **Gender**

- ☐ Male
- ☐ Female
- ☐ Transgender
  - ☐ Female-to-male
  - ☐ Male-to-female

6. **Race/Ethnicity**

- ☐ White
- ☐ Black/African-American
- ☐ Hispanic/Latino
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ Asian/South Asian
- ☐ Other_____

7. **How many times have you witnessed someone else OD?** _____

8. **Have you ever used naloxone on someone else?**

- ☐ No
- ☐ Yes