



Washington State Department of

Health

Health Care Assistant Program

P.O. Box 47877

Olympia, WA 98504-7877

360.236.4700

## Medication and Diagnostic Agent List Categories A, B, C, D, E, F, and G

Any changes of the medication list must be reported to the Department of Health within **30** days following the change. Additional medication/diagnostic agents may be listed on additional pages.

**Note: Oral vaccines can be administered by all categories. Oral medications can only be administered by categories C and E.**

Medications/Diagnostic Agents to be Administered Include	VIA (Route)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	

Medications/Diagnostic Agents to be Administered Include	VIA (Route)
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	

I attest this health care assistant has demonstrated initial competency to administer the drugs listed above.

\_\_\_\_\_  
Delegator Name (Type or Print)

\_\_\_\_\_  
Health Care Assistant Name (Type or Print)

\_\_\_\_\_  
Original Signature of Delegator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Original Signature of Health Care Assistant

\_\_\_\_\_  
Date