

Information About Medication/Side Effects

Directions: Circle the correct side effect.

1. Stop taking this medication if you feel _____.



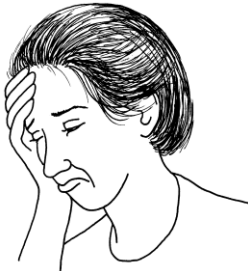
- a. vomiting
 - b. dizzy
 - c. diarrhea
-

2. Stop taking this medication if you get _____.



- a. dizzy
 - b. an allergy
 - c. diarrhea
-

3. Stop taking this medication if you get a _____.



- a. headache
 - b. sore throat
 - c. stomachache
-

4. Stop taking this medication if you start _____.



- a. vomiting
 - b. having chills
 - c. having a headache
-

Information About Medication/Side Effects, continued

5. Stop taking this medication if you get _____.



- a. an allergy
 - b. high blood pressure
 - c. a stomachache
-

6. Stop taking this medication if you get _____.



- a. a sore throat
 - b. frequent urination
 - c. chills
-