

# Claratyne® – Cause, Link and Effect Allergy Record Sheet

Symptoms e.g. sneezing, runny nose, etc.	When started e.g. day/date/time	Where occurred e.g. home, indoors, outdoors	What do you think caused it e.g. pets, grass, weeds, etc.

We suggest you print the completed form and take it to your doctor or pharmacist to get correctly diagnosed and discuss treatment options.

This form is provided by Claratyne so you can stay one step ahead of allergies and **Live Claratyne Clear™**

Always read the label. Use only as directed. If symptoms persist see your doctor or pharmacist.

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