PDF

SEARCH FOR CONTRABAND: DIGITAL, SIMPLE INSTRUMENT, X-RAY EXAMINATION

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

		2.5.4
1.	To: Chief, Health Programs	2. Date
2.	From: Warden	4. Institution
5.	You are hereby directed to perform a (indicate by placing a check)	
	Digital Simple Instrument X-Ray	
	Examination on: a	b
	Inmate's Name	b Inmate's Register Number
	to ascertain the possible presence of contraband in or on the person of the above named inmate. This examination will include a thorough search of the areas checked below:	
	c.	
	d. 🗌 X-Ray of (specify):	
	Approval for administration of X-Ray received from Regional Director on by:	
	Name and Title (Signature)	Date
6.	Reasons for authorization of Digital, Simple Instrument, X-Ray Examination for contraband	
7.	Signature of Warden	Date
	Voluntary Consent Statement	
of i my	Voluntary Consent Statement oluntarily give my consent for the above described examination as requested and authorized in accordance with nmates. I further understand that this will be conducted by a member of the Medical Staff. My consent is being consent is not required before the search is conducted. This search is necessary because of the belief that I m person.	solicited, however, I understand that
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