

BP-A354\_INTAKE SCREENING (MEDICAL)

**INTAKE SCREENING (MEDICAL)**

**MEDICAL STAFF SHALL COMPLETE THIS SCREENING FORM ON ALL ARRIVALS TO THE INSTITUTION**

Institution	Date of Arrival	Time of Arrival
Name of Inmate	Register Number	

**MEDICAL CLEARANCE**

BP-149 (60) reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain
General Population Housing Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify limitation or need
Approved for Temporary Work Assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify limitation or exclusion
For Holdovers: OK for Continued Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain
Disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter code(s) into MDS)

Remarks

Medical Staff Signature	Medical Staff Title
	Date
	Time