

1. Camp Location: _____

To: _____

From: _____

2. The detainee whose name appears above has been diagnosed as having a medical condition that requires special attention. The following is therefore recommended:

- Medical isolation
- Observation
- Bed rest
- Dressing change
- Restricted activity
- Discharge instructions _____
- Administration of daily medication
- Provision of health care at off-site facility
- Special Diet: _____
- Special equipment: _____

Other _____

Effective _____ Until _____

Detainee has an appointment to return to the medical facility for follow-up care on _____

Remarks: _____

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:			
1. Name: _____ (Last)		_____ (First)	
2. DOB: _____		3. A # _____	
4. Nationality: _____		5. Facility: _____	

Provider's Signature

Provider's Signature Stamp

Date