

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

The detainee whose name appears above has been examined and presents the following problem(s):

- Psychiatric
- Medical
- Other

Detainee should be cleared medically before being removed by DIHS.

Detainee may require a medical escort if transported.

Detainee is pregnant.

Detainee is _____ months pregnant.

Other: _____

Remarks: _____

Clinical Director

Provider's Signature Stamp