

Date of Admission:	Date of Discharge:
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Provisional Diagnosis:

Final Diagnosis:

Brief History & Physical Findings:

Significant Laboratory, X-Ray & Consultation Findings:

Course in the SSU With Complications, if any

Health Problems Requiring Further Care:

Condition, Final Diagnosis on Discharge and Prognosis:

Restrictions: (include activities, diet, housing)

Detainee Education: Include all instructions for care, written material, etc.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Signature of Provider</i>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>(Stamp) Printed Name of Provider</i>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Date</i>
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IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:	
1. Name: (Last)	(First)
2. DOB:	3. A #
4. Nationality:	5. Facility: