

Division of Immigration Health Services

Hunger Strike Monitoring Form

Date: ____/____/____ Initial Weight: _____ Height: _____

Day	Shift	T-P-RR	BP	Daily Weight	Day Gain/Loss	Total Gain/Loss	Intake			Output		Labs		Comments	Initials
							PO	IV	NG	U	BM	Urine Ketones	S. Lytes		
	AM														
	PM														
	Night														
	AM														
	PM														
	Night														
	AM														
	PM														
	Night														
	AM														
	PM														
	Night														
	AM														
	PM														
	Night														
	AM														
	PM														
	Night														
	AM														
	PM														
	Night														

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:

1. Name: (Last) _____ (First) _____		2. DOB: _____
3. A # _____	4. Nationality: _____	5. Facility: _____