

DCA: _____

AREA OF EVALUATION	DATE COMPLETED	RESULTS	COMMENTS	INIT
Initial Screening		Normal Abnormal		
PPD planted Read	_____ _____	_____ mm		
Chest x-ray		Normal Abnormal		
RPR		Normal Abnormal		
History and physical		Normal Abnormal		
Mental health screening		Normal Abnormal		
Other		Normal Abnormal		

Communications with DIHS

DATE	TIME	DIHS PERSON	COMMENTS

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

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