

ALASKA DEPARTMENT OF CORRECTIONS

Health Inquiry of Received Prisoner

Name: _____ D.O.B. _____ OBSCIS _____

_____ Reviewed Transfer Form including: medical, dental, mental health problems noted; medications and method of medication distribution.

The prisoner has the following current medical, dental, or mental health complaints:

Describe general appearance and behavior:

Note any physical deformities or evidence of physical trauma:

If transfer form was not completed by medical staff answer the following questions:

- 1. Yes No Does the remand have any obvious medical or mental problems that require medical attention?
- 2. Yes No Does the remand report that he/she is on prescription medication that must be taken within the next several hours?
- 3. Yes No Does the remand appear to have any serious communicable diseases?
- 4. Yes No Does the remand have any thoughts of wanting to kill himself/herself? (If "Yes" take suicide precautions immediately)

_____ Will need routine medical follow-up

_____ Refer now for immediate medical care

Signature of Staff Person

Date/Time