**33rd & 424th Judicial District**

**Intermediate Sanction Facility**

**Physical Evaluation Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_**

**Last First Middle XX/XX/XXXX**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County State Zip**

**1. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Temp: \_\_\_\_\_\_\_\_\_\_ Pulse: \_\_\_\_\_\_\_\_\_\_ Resp: \_\_\_\_\_\_\_\_\_\_\_**

**BP: \_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_**

**3. Recent Weight Change? Yes: \_\_\_\_ No: \_\_\_\_ (If yes, Explain):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. ALLERGIES (food, meds, etc.) WRITE IN RED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Activity Level: \_\_\_\_ Ambulatory: \_\_\_\_ Wheel Chair: \_\_\_\_**

**6. Check for the following:**

**Back Strain\_\_\_\_ Hernia\_\_\_\_ Asthma\_\_\_\_**

**Diabetes\_\_\_\_ Hypertension\_\_\_\_ Dentures\_\_\_\_**

**Glaucoma\_\_\_\_ Heart Trouble\_\_\_\_ Contact Lens\_\_\_\_**

**Hearing Deficiency\_\_\_\_ Bowel Problems\_\_\_\_ Pacemaker\_\_\_\_**

**Kidney Problems\_\_\_\_ Difficulty Swallowing\_\_\_\_ Eye Glasses\_\_\_\_**

**Resp. Difficulty\_\_\_\_ Frequent Headaches\_\_\_\_ Hearing Aid\_\_\_\_**

**Nervous Breakdown\_\_\_\_ Artificial Limbs\_\_\_\_ Seizures\_\_\_\_**

**Walker\_\_\_\_ Heart Murmur\_\_\_\_**

**7. Smoking History: (no. of pack/day, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Diet: Regular: \_\_\_\_ Special: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. Education**

**Years Attended: High School: \_\_\_\_\_\_\_\_\_ College: \_\_\_\_\_\_\_**

**10. Occupation/Current Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. Medical History**

**A. Surgeries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**33rd & 424th Judicial District**

**Intermediate Sanction Facility**

**Physical Evaluation Form**

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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_**

 **Last First Middle XX/XX/XXXX**

**B. Medical Hospitalization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C. Present Medical Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D. Medication (Dosage and Time): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E. Medication Taken Today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**F. Recent Fall or Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**G. Condition of Skin (scars, bruises, sores, rashes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**H. Tuberculosis Test (Manteaux or Mono-Vac ONLY)**

**Test must have been completed within one year prior to defendant’s placement in the Intermediate Sanction Facility or defendant must be re-tested or have chest x-ray taken.**

**TUBERCULOSIS TEST:**

**Date Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Read: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Positive \_\_\_\_ Negative**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician or Certified Medical Personnel**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Probationer**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**I authorize all information on the physical form to be released to the 33rd Judicial District Intermediate Sanction Facility.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Probationer Date**