# Weber County Correctional Facility - Medical Clearance Form

| The following must be completed by the pre-screening Registered Nurse | | |
|---|---|---|
| Name: | DOB: | Booking #: |
| Arresting Officer: | Agency: | |

The Weber County Jail has declined to accept the above named person in the jail pending medical clearance or treatment of the following:

**ATTENTION ARRESTING OFFICER:** The jail recommends the following:

☐ The prisoner be immediately evaluated / treated by an appropriate medical provider.
☐ The prisoner be transported by ambulance.

The following documentation must be returned with the prisoner after medical treatment or clearance is obtained from the medical provider. **The prisoner may again be refused from jail if our medical staff is unable to provide appropriate medical treatment in the jail.** The decision for acceptance or refusal from the jail is made by an appropriately trained Registered Nurse and based upon guidelines established by the Health Authority of the jail.

| RN Name: | | |
|---|---|---|
| RN Signature: | Date: | Time: |

| The following must be completed by the medical provider: | |
|---|---|
| Name of medical provider: | Telephone Number: |
| Diagnosis: | |
| Treatment administered: | |
| Medication(s) prescribed: | |
| On-going medical requirements: | |
| Follow-up treatment or instructions: | |

**This patient has received an appropriate medical screening exam / treatment.**

| Attending Physician Signature: | Date: | Time: |
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The following must be completed by pre-screening Registered Nurse upon the prisoner's return to jail:

**Final Disposition (circle): Accept Refuse**

If prisoner is accepted after receiving medical tx/clearance, HSU administrator notified:

If prisoner is refused after receiving medical tx/clearance provide rationale / explanation:

☐ Jail Commander approval (A final refusal must be approved by Jail Commander)

| RN Signature: | Date: | Time: |
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