

INMATE BOOT CAMP PROGRAM
STATEMENT OF MEDICAL WITHDRAWAL FROM 90-DAY PROGRAM

PRISON

Inmate: _____ DATE: _____

STATE ID#: _____ DOB: _____

The above named inmate has been removed from the 90-day Inmate Boot Camp Program by the Medical Section for the following reasons:

Medical

Date

Warden/Designee

Date

RETENTION SCHEDULE:

Upon completion of this form, it will be placed in the inmate/probationer's case history file.