

**MEDICAL CHECKLIST FOR SCREENING
PROSPECTIVE PARTICIPANTS IN THE DETENTION CENTER
AND PROBATION BOOT CAMP PROGRAM**

Offender's Name: _____

Social Security Number: _____

Date of Birth: _____

Instructions

This document is applicable to both the Probation Detention Center and Probation Boot Camp programs. The purpose of the document is slightly different when applied to the individual program.

For Detention Centers, use of pages 2 and 3 is all that is necessary. It is very helpful for the Center to be alerted to any serious medical problems prior to the arrival of the probationer.

Georgia law (42-8-35.1) gives the department the authority to determine if the probationer is physically and mentally suitable for the Boot Camp program. Therefore, it may be necessary and helpful to complete all relevant sections of the form so that an appropriate decision can be made. NOTE: Having one of the medical problems identified does not necessarily disqualify a probationer from Boot Camp participation.

If any candidate for Detention Center or Boot Camp has a known significant health problem, this information should be shared at the time of referral. Please remember that in the Boot Camp program, the candidate may be rejected if found to be physically or mentally unfit for the program.

The medical staff at the Detention Center and Boot Camp may be contacted for assistance.

PART I - PARTICIPANTS HEALTH HISTORY

In the past or present does the candidate have a history of any of the following:

	<u>Condition</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
1.	Diabetes	_____	_____	_____
2.	Epilepsy/Seizures	_____	_____	_____
3.	Kidney Disease	_____	_____	_____
4.	Hypertension (High Blood Pressure)	_____	_____	_____
5.	Heart Murmur/Heart Problems	_____	_____	_____
6.	Asthma/Chronic Bronchitis/Emphysema	_____	_____	_____
7.	Hepatitis	_____	_____	_____
8.	Tuberculosis	_____	_____	_____
9.	Allergies, i.e., dust, trees, foods	_____	_____	_____
10.	Surgery	_____	_____	_____
11.	Hearing Loss	_____	_____	_____
12.	Loss of Limb	_____	_____	_____
13.	Vision	_____	_____	_____
14.	Bone/Joint Defects	_____	_____	_____
15.	Back Problems	_____	_____	_____
16.	Psychological Problems	_____	_____	_____
17.	Special Diet	_____	_____	_____
18.	AIDS Test Result Positive	_____	_____	_____
19.	Hospitalized for medical or psychiatric treatment in the past six months? For what reason?	_____	_____	_____
20.	Any significant observations regarding physical or mental health of the probationer?	_____	_____	_____

PART II - INTERVIEWER OBSERVATIONS & MISCELLANEOUS INFORMATION

	<u>Question</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
1.	Does the candidate wear eye glasses or contact lens? (If accepted into the program, he must bring his glasses and/or contact lens with him.)	_____	_____	_____
2.	Does he exhibit any visible signs of trauma, illness, limp, pain, limitations, or movement?	_____	_____	_____
3.	Does he exhibit any signs of drug or alcohol withdrawal?	_____	_____	_____
4.	Does he exhibit any signs of emotional disorders, excessive depression, or incoherent?	_____	_____	_____
5.	Does he exhibit any symptoms or need for immediate medical or dental care?	_____	_____	_____
6.	Does he have any allergies to medications? Which medications? If he is unsure, he should check with his family.	_____	_____	_____
7.	Has this person attempted suicide in the past?	_____	_____	_____

ATTACHMENT I

ADDITIONAL QUESTIONS TO ASK FOR "YES" RESPONSES

PART I

(If any of the following questions are answered "yes" or if you have additional questions or concerns that need a medical opinion, you should call the medical staff at the center for assistance in determining suitability for admission.)

1. **Diabetes:**

Is the candidate insulin dependent?

Is the candidate not stable on an oral hypoglycemic medication?

2. **Epilepsy/Seizure (fits, seizures):** (If there has been a history of seizure but not one within the last year and the candidate is not on medication, he is eligible for the program.)

Has the candidate had a seizure in the last year? Cause of seizure?

Is the candidate taking medication for this disorder at the present time?

Is the candidate under the care of a physician at the present time?

3. **Kidney Disease:**

Does the candidate have a history of glomerulonephritis or protein in the urine?

Does the candidate have a history of acute or chronic kidney failure?

Does the candidate have a history of ureteral stone (kidney stones)?

4. **Hypertension:**

Is the candidate taking medication?

What medication?

5. **Heart Murmur/Heart Problems:**

What type of heart murmur or heart problem exists?

Is the candidate currently taking medication?

6. **Asthma/Chronic Bronchitis/Emphysema:**

How long has the candidate had this condition?

What are the limitations of activity?

What medications is he taking?

7. **Hepatitis:**

When did he have hepatitis?

Was it hepatitis A, B, or non-A, non-B? (Any past or current history of hepatitis requires a blood test to determine the type of hepatitis.)

Is he still under a physician's care for hepatitis?

8. **Tuberculosis:**

How long has this condition existed?

What medications is he taking for it?

What were the results of the chest x-ray?

Is the candidate taking INH medication for a positive PPD?

9. **Allergies, e.g., dust, trees, grasses, foods, grease, etc.:**

What allergies do you have?

What do you do when you have a "bad" allergy?

What medications do you take for allergies? (The need for a special diet would not prohibit a candidate from being eligible for the program. The institution, however, does need to know this information prior to his arrival.)

Are there any restrictions regarding environment or activity because of the allergies? What are they? (The "key" is whether they are related to activities in which the candidate would be participating and whether they are under a physician's care.)

10. **Surgery:**

Any previous surgery that would prohibit strenuous activity? Which activities? When was the surgery performed?

11. **Hearing Loss:**

Do you have a hearing loss in both ears that requires constant use of hearing aids? (The key is constant use of hearing aids. If they were lost or forgotten, the person could be endangered.)

12. **Loss of Limb:**

Has there been the loss of any limb which would prohibit doing strenuous activity, i.e., assigned details? Which activities?

13. **Vision:** (Note: If they wear glasses or contacts, they must bring them when they enter the program.)

Any vision worse than 20/50 in both eyes and/or not corrected by glasses. (If you have any questions, call the medical unit in the boot camp.)

14. **Bones/Joint Defects:**

Any current or past problems which would prohibit strenuous activity, i.e. assigned details? Which activities?

15. **Back Problems:**

Any current or past problems which would prohibit strenuous activity, i.e., assigned details? Which activities?

Is or was he under a physician's care for the back problems? (If he is or was not under a physician's care, consider him eligible for the program.)

15. Psychological Problems:

Past hospitalization? Reason? When? For how long?

Is he currently under treatment for a mental problem? What problem? Where is he being treated?

Is he currently taking medication? If so, what medications?

Is or has the candidate been treated for alcohol or drug abuse? When? Where? (Consider the length of time in jail because if they have been in jail for 30 days or more, they may have dried out in jail.)

Was the candidate ever in a special class in grammar, middle, or high school? If so, what kind of special class and for what reason?

17. Special Diet: (It would be a rare occasion in which need for a special diet could eliminate a candidate from being eligible for the program. This information is needed prior to the candidate's arrival at the center and the center will be so notified when this checklist is sent to the receiving center prior to the candidate's arrival as required.)

Any medical or dental reasons which would require a special diet? What reason for the diet? What type of special diet? How long will he need to be on this diet?

18. **Positive AIDS Test Results:** (Positive test does not necessarily eliminate a boot camp candidate, but need to determine if the person is actually ill at this time.)

19. **Hospitalization:** (The purpose of this question is to determine if there were hospitalizations that the candidate may not have thought of in the context of the other questions.)

Has the candidate been hospitalized for medical or psychiatric treatment in the past six months? Describe reason for hospitalization and the length of time hospitalized.

RETENTION SCHEDULE:

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