

**Certificate of Mental Condition**

Date: \_\_\_\_\_

I have examined:

Offender: \_\_\_\_\_ GDC I.D. No.: \_\_\_\_\_

and find the above named to be \_\_\_\_\_.

I (Do) (Do Not) Recommend Admission of this Offender to an Inpatient Prison Psychiatric Facility for Treatment.

The reason(s) I have for this decision is (are) as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Facility