

MEDICAL CLEARANCE FORM

Utah Code Ann. §17-22-8.1.

(A health care provider is authorized to disclose to a competent authority that a detainee is cleared for incarceration.)

NAME: _____

DOB: _____

DATE: _____

<input type="checkbox"/>	The above-named person IS MEDICALLY CLEARED for incarceration
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<input type="checkbox"/>	The above-named person IS NOT MEDICALLY CLEARED for incarceration
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PROVIDER:

Printed Name

Signature

MEDICAL FACILITY: _____

ADDRESS: _____

PHONE: _____

IN CUSTODY OF: _____

Name

Badge # / ID

Contact Information: _____

Please note -- if the incarcerating institution needs more medical information about this detainee, you may contact the facility AFTER THE DETAINEE HAS BEEN BOOKED if the medical information is necessary for:

- The provision of health care to this individual;
 - The health and safety of this individual or other inmates;
 - The health and safety of the officers, employees or others at the correctional institution;
 - The health and safety of this individual and officers or others responsible for transporting inmates;
 - Law enforcement on the premises of the correctional institution; and/or
 - The administration and maintenance of the safety, security and good order of the correctional institution.
- (45 CFR A §164.512)

Substance abuse records are protected under federal law. If these records are requested, they can only be released by (1) patient consent; (2) without patient consent <u>only</u> in a bona fide medical emergency; or (3) pursuant to a specific type of court order. (42 USC §290dd-2)
