MEDICAL EVALUATION REQUEST BY PEACE OFFICER

This is to certify that (name of person arrested) ("arrestee") has been lawfully arrested on:

Date: ________________________ Time: ________________________ AM/PM

The undersigned, a duly authorized peace officer of (name of law enforcement agency) ____________________________, hereby requests a medical evaluation of arrestee to determine whether it is medically safe to detain and/or incarcerate said arrestee.

Date: ________________________ Time: ________________________ AM/PM

Signature: ____________________________ (peace officer)

Print name: ____________________________ (peace officer)

Signature: ____________________________ (witness)

Print name: ____________________________ (witness)

STATEMENT OF PHYSICIAN

Upon the request of the peace officer named above, I have evaluated (name of arrestee) ____________________________ and I have provided the peace officer named above a copy of my written evaluation of the arrestee.

☐ I have determined that it is ☐ is not ☐ (check one) medically safe to detain and incarcerate the arrestee.

☐ Based upon a visual examination of the arrestee, it appears that it is ☐ is not ☐ (check one) medically safe to detain and incarcerate the arrestee. However, additional tests should be performed in order to determine whether or not it is medically safe to detain and incarcerate arrestee. I could not perform such tests because of the objections of the arrestee.

Comments: ____________________________

Date: ________________________ Time: ________________________ AM/PM

Signature: ____________________________ (physician)

Print name: ____________________________ (physician)