



Humboldt Co. Correctional Facility 826 4th St. Eureka, CA 95501

Medical Clearance Checklist

First Name: _____ Last Name: _____ Age: _____

ID or Date of Birth: _____ Physician Name: _____ Date: _____

Refused by Jail due to:

- ☐ Altered mentation
- ☐ Vitals out of range
- ☐ Wounds or significant bleeding
- ☐ Head trauma with LOC
- ☐ Seizure or convulsions
- ☐ Overdose _____
- ☐ Other: _____

In order to be considered medically stable and appropriate for incarceration in a correctional facility, all applicable conditions must be addressed with accompanied hospital documentation.

MEDICALLY CLEARED to return to jail=

Most recent VITAL SIGNS = Within the following limits: _____ YES _____ NO _____ N/A _____ refused

Breathing rate between 12 and 28 (_____)

Temp <101.4 (_____)

Heart Rate between 55 and 120 (_____)

Pulse OX \geq 92% on room air (_____)

Systolic BP between 90 and 180 (_____)

Diastolic BP between 50 and 110 (_____)

- ☐ Patient was treated for Symptomatic hypertension, evidence of treatment provided with med given, dose, route & time administered is attached _____ YES _____ NO _____ N/A _____ refused
- ☐ Patient displays Asymptomatic hypertension _____ YES _____ NO _____ N/A _____ refused

Alert and Ambulatory

Is patient pregnant

_____ YES _____ NO _____ N/A _____ refused

If pregnant and actively withdrawing from opiates, evidence of treatment provided with med given, dose, route & time administered is attached

_____ YES _____ NO _____ N/A _____ refused

Illicit Drug Screen if done, results are attached

_____ YES _____ NO _____ N/A _____ refused

Patient displays current evidence of going into withdrawal within the next 72 hours and evidence of treatment provided with med given, dose, route & time administered is attached

_____ YES _____ NO _____ N/A _____ refused

Complete Blood Count is attached if any acute significant abnormalities found _____ YES _____ NO _____ N/A _____ refused

Comprehensive Metabolic Panel is attached if any acute significant abnormalities found _____ YES _____ NO _____ N/A _____ refused

Urinalysis is attached if any acute significant abnormalities found _____ YES _____ NO _____ N/A _____ refused

Blood Glucose between 80 and 350. (Current BG=_____/Time_____) _____ YES _____ NO _____ N/A _____ refused

- ☐ Patient was treated for Symptomatic hyperglycemia, evidence of treatment provided with med given, dose, route & time administered is attached _____ YES _____ NO _____ N/A _____ refused

- ☐ Patient displays Asymptomatic hyperglycemia _____ YES _____ NO _____ N/A _____ refused

Pt has Diabetes (TYPE:_____) _____ YES _____ NO _____ N/A _____ refused

Imminent failures of major organ systems have been ruled out including cardiopulmonary, hepatic, absence of asterixis or jaundice. No evidence of acute blood loss confirmed by hemoglobin and hematocrit. No evidence of DKA.

_____ YES _____ NO _____ N/A _____ refused

No evidence of **acute dehydration or significant electrolyte abnormalities.** _____ YES _____ NO _____ N/A _____ refused

- ☐ **IV Fluids given**, med given, dose, date & time administered is attached _____ YES _____ NO _____ N/A _____ refused

WOUNDS = _____ YES _____ NO

- ☐ **Sutures:** Site, Type is attached with instructions _____ YES _____ NO _____ N/A _____ refused

- ☐ **Antibiotic therapy:** Med given, Dose, Route, Date & Time started is attached with instructions _____ YES _____ NO _____ N/A _____ refused

- ☐ **Wounds are dressed** with detailed Aftercare instructions attached _____ YES _____ NO _____ N/A _____ refused

If Individual \geq 65 years old with an abrupt change in behavior or cognition, medical and organic causes have been ruled out.

_____ YES _____ NO _____ N/A _____ refused

No obvious acute psychotic symptoms or acute medical problems _____ YES _____ NO



First Name: _____ Last Name: _____ ID or DOB: _____ Date: _____

Humboldt County Correctional Facility is not licensed to treat ----so DOES NOT provide treatment for:

- **Specialized nursing care:** IV therapy, PIC lines, Central lines, unconscious, unresponsive or bedridden patients, oxygen therapy, dialysis, tracheostomy care, telemetry or other external equipment, or patients with uncontrolled bleeding from trauma, &/or showing signs of shock.
- **Delirium** is an acute medical condition and will NOT be treated at Humboldt County Jail=
Appropriate medical treatment must be sought immediately!

NOTE: Disagreements between HC Jail and a referring facility should be referred to HC Jail Medical Program Manager or designee.

- I have reviewed this document regarding Humboldt Co. Correctional Facility medical clearance criteria and the list of services for which they are UNABLE to provide treatment. _____ YES _____ NO
- I have attached documentation regarding treatment & meds during hospitalization _____ YES _____ NO
- I have attached the hospital "Cleared for Jail" form _____ YES _____ NO
- I have attached this medical clearance form _____ YES _____ NO
- Redwood Coast Regional Center connected client _____ YES _____ NO _____ N/A _____ unknown
Caseworker (if known): _____

☐ Medications specifically needed for chronic medical conditions:

Medication	Dose	Route	Times administered	For What Condition

☐ Comments, medical management, consult or special instructions:

MD Signature _____ **Date** _____ **Time** _____