



PATIENT I.D. DATA:  
(name, DOC #, birthdate)

### RELEASE OF INCARCERATED INDIVIDUAL

DATE OF RELEASE	RELEASING FACILITY
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#### MEDICATIONS

- No meds     
  Meds     
  Narcan kit  
 Meds received (child-proof)     
  Meds received (easy-open)

Patient signature: \_\_\_\_\_

#### SPECIFIC NEEDS AT TIME OF RELEASE

*Describe any healthcare problems below. By problem, specify requirements of an optimal treatment plan, including the type of specialist needed, follow-up visits, prognosis, stability of condition, etc., if indicated.*

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Health Care Summary provided

HEPATITIS / TETANUS	<input type="checkbox"/> None
<b>Hepatitis A Series</b> (dates given):	
1) _____	2) _____
Next Due: _____	
<b>Hepatitis B or A/B Series</b> (dates given):	
1) _____	2) _____
3) _____	
Next Due: _____	
Date of last tetanus: _____	

TST / TB
Date TST read: _____
Results: _____ millimeters
Symptom screening date: _____
Results: _____
Chest x-ray date: _____
Results: _____
Completed treatment (INH): <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____

COMPLETED BY (stamp/print and signature)	DATE COMPLETED
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**DISTRIBUTION:** WHITE – HEALTH RECORD      CANARY – INDIVIDUAL

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.