

MEDICAL EXAMINER'S REPORT

TO: **Confinement Officer** DATE

I HAVE THIS DATE EXAMINED THE PRISONER NAMED BELOW AND FIND THAT:

HE IS IS NOT MENTALLY AND PHYSICALLY QUALIFIED TO PERFORM HARD LABOR.

HE IS IS NOT FREE FROM COMMUNICABLE DISEASE.

LAST NAME - FIRST NAME - MIDDLE INITIAL SERVICE NUMBER / SSAN

REMARKS

SIGNATURE OF MEDICAL OFFICER