BP-A0354 **INTAKE SCREENING (MEDICAL)** CDFRM
JUN 10

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival

Inmate's Name	Register Number

M E D I C A L   C L E A R E N C E

1. BP-149(60) reviewed? ☐ yes; ☐ no (Explain)

2. General Population Housing Approved? ☐ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☐ yes; ☐ no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? ☐ yes; ☐ no (Explain)

5. Disabilities? ☐ yes ☐ no (If yes, enter code(s) into MDS)
Code(s) ____________________

6.Remarks:

Medical Staff Signature	Date	Time

Medical Staff Title

Record Copy - Inmate Central File; copy - file

(This form may be replicated via WP) Replace BP-354(60) of APRIL 1990 and BP-A354 of AUG 1994