

# ARRESTEE MEDICAL CLEARANCE REPORT CHICAGO POLICE DEPARTMENT LOCKUP

ARRESTEE'S NAME

DISTR(CT)/AREA

DATE

TIME

C.B. NO.

BROUGHT INTO LOCKUP BY

WE HAVE DECLINED TO ACCEPT THE ABOVE NAMED ARRESTEE INTO THE LOCKUP, PENDING MEDICAL CLEARANCE, FOR THE FOLLOWING REASONS:

LOCKUP KEEPER'S SIGNATURE

STAR NO.

APPROVED—WATCH COMMANDER'S SIGNATURE

NAME OF EXAMINING PHYSICIAN

NAME OF HOSPITAL

## DISPOSITION (CHECK APPROPRIATE BOX)

☐ I HAVE EXAMINED THE ARRESTEE AND FIND HIM/HER NOT IN NEED OF HOSPITALIZATION. ☐ I HAVE EXAMINED THE ARRESTEE AND FIND ANY SUGGESTIONS FOR THE TAKING OF MEDICATIONS ARE INCLUDED IN MY REMARKS HIM/HER IN NEED OF HOSPITALIZATION. BELOW.

PHYSICIAN'S REMARKS

PHYSICIAN'S SIGNATURE

DATE

TIME

TELEPHONE NO.

CPD-11.524 (6/82)