

MEDICAL EVALUATION REQUEST BY PEACE OFFICER

This is to certify that *(name of person arrested)* _____
("arrestee") has been lawfully arrested on:

Date: _____ Time: _____ AM / PM

The undersigned, a duly authorized peace officer of *(name of law enforcement agency)* _____, hereby requests a medical evaluation of arrestee to determine whether it is medically safe to detain and/or incarcerate said arrestee.

Date: _____ Time: _____ AM / PM

Signature: _____
(peace officer)

Print name: _____
(peace officer)

Signature: _____
(witness)

Print name: _____
(witness)

STATEMENT OF PHYSICIAN

Upon the request of the peace officer named above, I have evaluated *(name of arrestee)* _____ and I have provided the peace officer named above a copy of my written evaluation of the arrestee.

- I have determined that it is is not *(check one)* medically safe to detain and incarcerate the arrestee.
- Based upon a visual examination of the arrestee, it appears that it is is not *(check one)* medically safe to detain and incarcerate the arrestee. However, additional tests should be performed in order to determine whether or not it is medically safe to detain and incarcerate arrestee. I could not perform such tests because of the objections of the arrestee.

Comments: _____

Date: _____ Time: _____ AM / PM

Signature: _____
(physician)

Print name: _____
(physician)