

## MEDICAL CLEARANCE FORM

Utah Code Ann. §17-22-8.1.

(A health care provider is authorized to disclose to a competent authority that a detainee is cleared for incarceration.)

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

DATE: \_\_\_\_\_

<input type="checkbox"/>	The above-named person <b>IS</b> <b>MEDICALLY CLEARED</b> for incarceration
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<input type="checkbox"/>	The above-named person <b>IS NOT</b> <b>MEDICALLY CLEARED</b> for incarceration
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PROVIDER:

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

MEDICAL FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

IN CUSTODY OF: \_\_\_\_\_  
*Name* *Badge # / ID*

Contact Information: \_\_\_\_\_

**Please note -- if the incarcerating institution needs more medical information about this detainee, you may contact the facility AFTER THE DETAINEE HAS BEEN BOOKED if the medical information is necessary for:**

The provision of health care to this individual;  
The health and safety of this individual or other inmates;  
The health and safety of the officers, employees or others at the correctional institution;  
The health and safety of this individual and officers or others responsible for transporting inmates;  
Law enforcement on the premises of the correctional institution; and/or  
The administration and maintenance of the safety, security and good order of the correctional institution.  
(45 CFR A §164.512)

Substance abuse records are protected under federal law. If these records are requested, they can only be released by (1) patient consent; (2) without patient consent only in a bona fide medical emergency; or (3) pursuant to a specific type of court order. (42 USC §290dd-2)