HEALTH ASSESSMENT CERTIFICATE FOR SEGREGATION

(Annotate all medical information on SF 600 and maintain in the prisoner medical records.)

PRIVACY ADVISORY

Disclosure of this information is voluntary and will be used to assess the health of the prisoner and determine whether there are any medical reasons prohibiting the prisoner from being place in segregated housing. For additional information, see System of Records Notice, A0190-47 DAPM-ACC, "Army Corrections System and Parole Board Records," NM01650-1, "Individual Confinement Records," and F031 AF SF A, "Correction and Rehabilitation Records" published at https://dpcld.defense.gov/Privacy/SORNs/. When completed, this form contains personally identifiable information and is protected by the Privacy Act of 1974, as amended.

1. CORRECTIONAL FACILITY/INSTALLATION	**2. DATE** *(YYYYMMDD)*	**3. TIME**

4. PRISONER NAME *(Last, First, Middle)*	**5. REGISTRATION NUMBER**

6. SEGREGATION AUTHORIZED BY

a. PRINTED NAME *(Last, First)*	b. SIGNATURE

c. PURPOSE *(X one)*

☐ ADMINISTRATIVE SEGREGATION (AS)/ _____

☐ DISCIPLINARY SEGREGATION (DS)/ _____

On the below date and time, I have examined the above named prisoner for serious physical and mental injuries and illness requiring further immediate medical attention, and find no medical reason(s) that prohibit(s) segregated housing as required at this time.

7. REMARKS

8. HEALTH CARE STAFF

a. PRINTED NAME *(Last, First, Middle Initial)*	b. SIGNATURE	c. DATE *(YYYYMMDD)*	**d. TIME**

This form is maintained in the Prisoner's Correctional Treatment File with other segregation documents.