

# Medical Evaluation Request by Peace Officer

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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)*

