

# Completed Questionnaire



Print Date/Time: 03/18/2024 11:00  
Login ID: mcsojbelcher  
Inmate: [REDACTED]

Macon County Sheriff's Office  
ORI Number: IL0580000  
Booking #: [REDACTED]

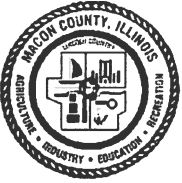
## Questionnaire: INITIAL MEDICAL ASSESMENT

Arrest Datetime: [REDACTED] Given By: 4592 - Davis 03/16/2024 10:20

Arresting Officers	Agency	Brought In By	Agency
5542 - Lambdin	IL0580000		IL0580000

Question #	Question	Response	Response Value
01	DO YOU HAVE PROBLEMS WITH YOU VISION, HEARING OR MOBILITY?	NO	0
01A	IS THE INMATE REFUSING BOOKING?	NO	0
02	DO YOU HAVE MEDICAL OR MENTAL HEALTH PROBLEMS THAT NEED IMMEDIATE ATTENTION?	NO	0
03	DO YOU HAVE A MEDICAL PROVIDER?	NO	0
04	DO YOU TAKE ANY PRESCRIBED MEDICATIONS?	NO	0
05	ARE YOU ALLERGIC TO ANY MEDICATIONS OR FOODS?	NO	0
06	DO YOU HAVE ANY CHRONIC MEDICAL CONDITIONS?	NO	0
07	HAVE YOU HAD A CHRONIC COUGH, COUGHING BLOOD, UNEXPLAINED WEIGHT LOSS, FEVER OR NIGHT SWEATS?	NO	0
08	HAVE YOU EVER BEEN TREATED FOR TUBERCULOSIS?	NO	0
09	DO YOU USE STREET DRUGS OR MEDICATION NOT PRESCRIBED TO YOU?	NO	0
10	WHEN YOU STOP USING ALCOHOL OR DRUGS, HAVE YOU HAD WITHDRAWAL PROBLEMS (SEIZURES/BLACKOUTS)?	NO	0
11	ARE YOU CURRENTLY DETOXING OR AT RISK FOR DETOX FROM ALCOHOL AND DRUGS?	NO	0
12	ARE YOU PREGNANT OR DID YOU GIVE BIRTH IN THE LAST 90 DAYS?	NO	0
13	DO YOU HAVE PROBLEMS WITH YOUR TEETH?	NO	0
14	DO YOU HAVE ANY SPECIAL DIETARY NEEDS?	NO	0
15	HAVE YOU EVER USED MENTAL HEALTH SERVICES?	NO	0
16	WHO IS YOUR MENTAL HEALTH CARE PROVIDER?	NO	0
17	DO YOU CURRENTLY HAVE THOUGHTS OF HURTING YOURSELF OR OTHERS?	NO	0
18	HAVE YOU EVER ATTEMPTED TO HARM YOURSELF?	NO	0
19	DON'T FORGET TO ENTER SPECIAL CONDITIONS FROM THE CLASSIFICATION BUTTON	I ENTERED	0
21	HAVE YOU TRAVELED OUTSIDE OF THE USA RECENTLY?	NO	0
22	HAVE YOU BEEN IN DIRECT CONTACT WITH ANYONE WHO HAS?	NO	0
23	DOES THE INMATE APPEAR TO BE SHORT OF BREATH OR CLAIM TO HAVE TROUBLE BREATHING?	NO	0
24	HAS THE INMATE BEEN COUGHING?	NO	0
25	WHAT IS THE INMATE'S TEMPERATURE?	DEGREES	0
26	IS THIS A FEDERAL INMATE	NO	0

Completed Questionnaire Value: 0



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## High Risks

- ☐ Assaultive
- ☐ Escape
- ☐ Gang Member
- ☐ Medical
- ☐ Mental
- ☐ Other
- ☐ PREA
- ☐ Suicidal

## Special Conditions

- ☐ Body Fluid Watch
- ☐ Developmentally Disabled
- ☐ Housing Exception (MAXIMUM HOUSING)
- ☐ HOUSING EXCEPTION (WR HOUSING)
- ☐ Juvenile
- ☐ KEEP SEPERATE HOUSING
- ☐ Medical
- ☐ MENTAL HEALTH HOUSING
- ☐ MINIMUM HOUSING
- ☐ NOTIFY COMMAND DO NOT ACCEPT
- ☐ NOTIFY MENTAL HEALTH
- ☐ Other
- ☐ PROTECTIVE CUSTODY

Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Inmate: \_\_\_\_\_

Date: \_\_\_\_\_