



**MARICOPA COUNTY
CORRECTIONAL HEALTH SERVICES
Self Surrender Office
Lower Buckeye Jail
3250 W. Lower Buckeye Road
Phoenix, Arizona 85009
(602) 876-6884
Fax (602) 455-6147**

Healthcare Provider's Certification Instructions

This form must be completed less than 45 days before incarceration to assess whether the person is medically fit to serve time in the Maricopa County Sheriff's Office Tents Facilities. This form must be completed for all individuals serving Work Release, Work Furlough, or Weekender sentences for more than 24 hours.

- **Housing:** Outdoor military type tent dormitory style living space subject to weather conditions, with access to indoor showers and restrooms.
- **Grounds:** Dirt and gravel with limited paved/concrete areas.
- **Medications:** Persons must be able to self-administer medications. No injectable, sedative, or mood altering medications are allowed, including insulin, most psychiatric medications, muscle relaxants, and narcotic pain medications.

Determining Medical/Mental Health Fitness:

The following are examples of conditions that render a person ***not suitable or eligible*** to be housed in the Tents Facilities:

- a) Pregnancy
- b) Patients with a mental health condition requiring medication other than SSRI's
- c) Patients with HIV on medications
- d) Patients with coagulopathies, such as hemophilia, or those who take anticoagulants (i.e. Coumadin, Lovenox, or Heparin)
- e) Patients with uncontrolled Hypertension or Diabetes, or Diabetes requiring blood glucose monitoring
- f) Patients with active seizure disorder. Patients must be seizure free for greater than 90 days
- g) Patients with Sleep Apnea, or other respiratory disorder, requiring CPAP, SVN's, or other respiratory device
- h) Patients with substance abuse history at risk for alcohol or drug withdrawal
- i) Patients requiring the use of any orthopedic or mobility assistive device such as crutches, wheelchairs, prosthesis, casts, walking boots, etc.
- j) Patients with end stage liver or kidney disease, including those on dialysis
- k) Patients with complex wounds, tracheostomy requiring suctioning, or a recent injury resulting in a wired jaw

Requirements for Medical Clearance:

- a) Health Assessment completed within 45 days of incarceration
- b) Current PPD (within one year), or a negative Chest x-ray with a negative symptom assessment.

If you have additional questions regarding healthcare services available in the jail facilities, please contact the Self-Surrender Line at 602-876-6884 and leave a message. Messages are retrieved and answered Fridays, Saturdays, and Sundays from 9am-9pm.



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Healthcare Provider's Certification Form (See Instructions)

Patient Name: _____ **DOB:** ___/___/___ **Phone:** () ____ - _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

REQUIRED:

Tuberculin Skin Test Results: _____ mm
 Date Read: ___/___/___

Or

Negative Chest X-Ray with Negative Symptom Assessment Date: ___/___/___

Patient meets eligibility qualifications for Tents housing: YES NO

By signing, I confirm that this patient is free from active Tuberculosis or any other contagious disease. I also confirm that this patient meets medical and mental health criteria for housing in the Maricopa County Sheriff's Office Tents Facilities. Further, I understand that if this patient is actively being treated with any medications as outlined in the instruction sheet, I continue to assume responsibility as their primary care provider for maintenance and follow up of their active medical conditions.

MD DO NP PA

Signature of Healthcare Provider

Printed Name: _____ **Phone:** () ____ - _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____