



Medical Examination Report
(must be completed by a licensed physician)

Principal Diagnosis/Symptom (describe physical condition, disease, or syndrome and provide a detailed description of the person's physical incapacity):

Medical/Treatment Care History During Incarceration:

Prognosis/Activities of Daily Living (include the likelihood of the person's recovery from the physical condition, disease, or syndrome and the extent of any potential recovery):

Additional Comments:

I have determined that the above-named individual suffers from an incapacitating condition, disease, or syndrome.

Examining Physician Signature: _____ Date: _____