

LAUDERDALE COUNTY PRE-INTAKE SCREENING  
MUST BE COMPLETED BY ARRESTING OFFICER ONLY!

PLEASE PRINT CLEARLY

DATE AND TIME: \_\_\_\_\_

ARRESTING OFFICER AND AGENCY: \_\_\_\_\_

INMATE NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_

Has the arrestee been involved in an accident? (Y) (N)

If yes, was arrestee treated by medical personnel at the scene? (Y) (N)

If arrestee refused treatment do you have documentation? (Y) (N)

Has arrestee been assaulted? (Y) (N)

To your knowledge does arrestee have any medical conditions  
The jail needs to be made aware of? (Y) (N)

If yes, what? \_\_\_\_\_

Was the arrestee tased or sprayed with OC Spray? (Y) (N)

If yes, what was used? \_\_\_\_\_

Has the arrestee threatened suicide or harm to self or others? (Y) (N)

Is the arrestee combative? (Y) (N)

Is the arrestee under the influence of drugs or alcohol? (Y) (N)

If yes, what type and how much? \_\_\_\_\_

Was breathalyzer test performed? (Y) Reading: \_\_\_\_\_ (N)

Signature of arresting Officer: \_\_\_\_\_

Signature of Corrections Deputy: \_\_\_\_\_

Time and Date accepted: \_\_\_\_\_

CORRECTIONS DEPUTY ONLY:

PRINT -INMATE FULL NAME: \_\_\_\_\_

NAME NUMBER: \_\_\_\_\_

Revised: May 20, 2015 MS