



PROBATION MEDICAL AND MENTAL HEALTH CLEARANCE FORM

THIS FORM MUST BE COMPLETED *PRIOR* TO THE YOUTH BEING ACCEPTED FOR DETENTION SCREENING

Youth's Name: _____ DOB: _____

Today's Date: _____ Arresting Agency: _____

PART 1 SERIOUS PHYSICAL CONDITION: F.S. 985.115(2)(c) requires that instead of the department accepting a youth suffering from a physical condition who appears to be in need of prompt diagnosis or prompt treatment the youth must be released to a law enforcement officer who shall deliver the youth to a hospital for necessary evaluation and treatment. The answers to questions 2 through 13 will help the screener comply with this sub-paragraph of the statute but may not automatically require medical screening.

NOTE: THE PRESENTING OFFICER MUST NOT DEPART UNTIL THIS FORM HAS BEEN COMPLETED IN ITS ENTIRETY AND THE YOUTH HAS BEEN ACCEPTED FOR ADMISSION INTO THE JAC.

The following questions must be asked of the presenting law enforcement officer:

1. Has an electronic stun gun (such as a taser) been used on this youth? No Yes
If yes please check the appropriate boxes describing the youth's condition

- | | |
|---|--|
| <input type="checkbox"/> Unconsciousness | <input type="checkbox"/> Seizure Activity |
| <input type="checkbox"/> Delirium | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Memory Loss | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Other: (Please describe) _____ | |

A check in any of the above boxes will require medical clearance by a licensed health care professional.

The next series of questions will be asked of the youth:

2. Do you have any open wounds or injuries? No Yes, explain: _____

3. Do you have any serious medical problems or illnesses that require prompt/immediate medical attention?
 No Yes, explain: _____

4. Do you have any health complaints such as sickness or pain at the present time?
 No Yes, explain: _____

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5. Do you have any of the following health problems?

- | | | |
|---|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Sickle cell disease | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Kidney Disease requiring Dialysis |
| <input type="checkbox"/> Head Injury within past 24 hours | | |
| <input type="checkbox"/> Other, Explain: | | |

6. Are you taking any of the following medications? If yes, provide the name(s), the last time you took a dose, and the time that the next dose is due, in the space below.

- | | | |
|--|--|--|
| <input type="checkbox"/> Seizure medication | <input type="checkbox"/> Asthma medication | <input type="checkbox"/> Heart medication |
| <input type="checkbox"/> Psychotropic medication | <input type="checkbox"/> Blood pressure medication | <input type="checkbox"/> Diabetes medication (NOT Insulin) |

Time of last dose: _____ AM PM

Time next dose is due: _____ AM PM

7. Are you taking insulin? No Yes

If YES, does the youth report or demonstrate any of the following signs or symptoms?

- | | | |
|---|---|--|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Pale, Cool or Clammy Skin | <input type="checkbox"/> Increased Hunger/Thirst | <input type="checkbox"/> Abnormal Behavior |
| <input type="checkbox"/> Rapid Heart Rate/Tachycardia | <input type="checkbox"/> Shallow Respirations/Breathing | |

A check in *any* box in Item 7 will require medical clearance by a licensed health care professional.

8. Are you taking any *other* medication(s) not listed above, if so please provide the name(s) and times that the next dose is due?

Medication: _____ Time next dose due: _____ AM PM

Medication: _____ Time next dose due: _____ AM PM

Medication: _____ Time next dose due: _____ AM PM

*The following series of questions will be answered by the **screeener** from his or her observations of the youth.*

9. Youth has an obvious injury (refer to question 2) No Yes, if yes explain: _____

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10. Youth appears ill No Yes, if yes explain: _____

11. Youth has difficulty moving No Yes, if yes explain: _____

12. Youth has visible abrasions, cuts or bruises No Yes, if yes explain: _____

13. **Female** youth only:

Youth is pregnant? No Yes Pregnancy Suspected

PART 2 MENTAL ILLNESS: F.S. 985.115(2)(d) requires that instead of the department accepting a youth who appears to be mentally ill as defined in 394.463(1) or who has threatened, attempted, or inflicted physical harm on him or herself or others due to mental illness, the youth must be released to a law enforcement officer who shall deliver the youth to a designated public receiving facility as defined in s. 394.455 for examination under s. 394.463. The answers to question 14 through 22 will help the screener comply with this sub-paragraph of the statute.

*The following question must be asked of the presenting **law enforcement officer**:*

14. Do you have reason to believe that this youth has a mental illness and because of his or her mental illness has refused voluntary examination or is unable to determine whether examination is necessary?

No Yes If, yes please explain. _____

15. Does the youth appear to be incapacitated as a result of mental illness? No Yes, explain:

16. Has this youth tried to kill himself/herself recently? No Yes, Please explain and list the date(s): .

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17. Do you have reason to believe that there is a substantial likelihood that without care or treatment the youth will cause serious bodily harm to himself/herself or others in the near future, as evidenced by recent behavior? No Yes, if yes explain: _____

*The following questions will be answered by the **screener** from his or her observations of the youth.*

18. Does the youth appear to be incapacitated as a result of mental illness? No Yes, explain: _____

19. Has the youth threatened, attempted or inflicted physical harm on self or others due to mental illness? No Yes, explain: _____

*The following questions must be asked of the **youth**:*

20. Have you tried to kill yourself in the last 24 hours? No Yes, explain: _____
When? _____
How? _____

21. Are you thinking about killing yourself now? No Yes, explain: _____

22. Would you kill yourself if you had the chance? No Yes

A YES answer to any question between 14 and 22 above AND presence of any ONE of the behavioral symptoms below requires that the law enforcement officer must transport the youth to a mental health receiving facility prior to screening.

- | | |
|--|--|
| <input type="checkbox"/> Youth is extremely upset or distressed | <input type="checkbox"/> Youth appears depressed (sad) |
| <input type="checkbox"/> Youth has a plan for suicide | <input type="checkbox"/> Youth reports hopelessness (negative thoughts about future/nothing to live for) |
| <input type="checkbox"/> Youth's suicide plan is feasible | <input type="checkbox"/> Youth reports a mental health diagnosis (e.g., depression, anxiety, ADHD, alcoholism, etc.) |
| <input type="checkbox"/> Youth appears determined to kill himself/herself | <input type="checkbox"/> Youth reports history of mental health counseling |
| <input type="checkbox"/> Youth's past suicide attempt was serious (attempt caused injury or hospitalization) | <input type="checkbox"/> Youth reports relationship problems |
| <input type="checkbox"/> Youth knows someone who committed suicide recently | |

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★ The youth must remain on one-to-one supervision while awaiting transportation by law enforcement to a mental health receiving facility. One-to-one supervision refers to the supervision of one youth by one staff member who remains within five feet of the youth at *all* times.

PART 3 INCAPACITATED: F.S. 985.115(2)(e) requires that instead of the department accepting a youth who appears incapacitated by substance use, the youth must be released to the law enforcement officer who shall deliver the youth to a hospital, addictions receiving facility, or treatment resource center. The answers to questions 23 and 24 will help the screener comply with this sub-paragraph.

The following question must be asked of the **youth**:

23. Have you used drugs or alcohol in the last 24 hours? No Yes, explain which drugs and how much:

Which Drug(s) and/or Alcohol:	How Much:
1.	
2.	
3.	
4.	
5.	
6.	
7.	

•—————•
 The following series of questions will be answered by the **screener** from his or her observations of the youth:

24. Does the youth appear to be incapacitated as a result of substance abuse? No Yes, explain:

A YES answer requires medical clearance by a licensed health care professional.

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PART 4 YOUTH DISPOSITION BASED ON SCREENING PROCESS: Note the status of the youth's acceptance for screening or referral for medical clearance prior to screening.

25. Youth Disposition Based on Screening Process (Please check one):

- Transfer to hospital or local receiving facility by law enforcement officer for clearance
- EMS must be summoned immediately by calling 911
- Accepted for Screening as a priority
- Accepted for Screening, but requires call to parent or guardian
- Accepted for standard Screening

Please document any refusals to answer questions by youth or notification of supervisor(s), with details:

Staff Signature

Printed Name

Title

Date and Time

THIS FORM SHALL BE PROVIDED TO THE FACILITY WHERE THE YOUTH IS NEXT RELEASED (SUCH AS DETENTION CENTER, SHELTER). THIS FORM MAY ALSO BE RELEASED TO THE PARENT OR GUARDIAN UPON REQUEST OR WHEN THERE IS A NEED FOR FOLLOW UP.
