



Eric Hawkins
Chief of Police

ALBANY, NEW YORK
POLICE DEPARTMENT
165 HENRY JOHNSON BOULEVARD
ALBANY, NEW YORK 12210



1789

INFECTIOUS DISEASE/EXPOSURE CONTROL PLAN
GENERAL ORDER NO: 2.3.50

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PURPOSE: The purpose of this policy is to establish procedures that address infectious diseases to include prevention and post exposure response.

POLICY: It is the policy of the Albany Police Department to provide a safe and healthy work environment. In pursuit of this endeavor, an Exposure Control Plan (ECP) will be provided to eliminate or minimize occupational exposure to blood-borne pathogens, in accordance with OSHA blood borne pathogens standard [Title 29 Code of Federal Regulations 1910. 1030](#). The ECP is a key document to assist the department in implementing and ensuring compliance with the standard, thereby protecting employees.

- DEFINITIONS:**
- Blood-Borne Pathogens** – Blood-borne pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. Pathogens include, but are not limited to: HBV, HCV, and HIV.
 - Contaminated** – Contaminated means the presence, or reasonable anticipated presence, of blood or other potentially infectious materials on an item or surface.
 - Decontamination** – Decontamination means the use of physical or chemical means to remove, inactivate, or destroy blood-borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
 - Engineering Controls** – Engineering controls means controls that isolate or remove the blood-borne pathogens hazard from the workplace (e.g., sharps disposal containers, safer medical devices, etc.).
 - Exposure Incident** – Exposure incident means a specific eye, mouth or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from an employee’s duties.
 - Hand Washing** – Hand washing is the mechanical cleansing of the skin or hand. Hand washing is the single most effective deterrent to the spread of infection and the most important means of preventing the spread of microorganisms by direct contact.

Hepatitis – Hepatitis is a liver disease that initially causes inflammation of the liver and frequently leads to more serious conditions, including cirrhosis and liver cancer.

Hepatitis B Virus (HBV) – Hepatitis B Virus (HBV) is the most common form of hepatitis. HBV is usually transmitted through mucous membranes or breaks in the skin. After exposure, it can take two (2) to six (6) months for HBV to develop. The initial symptoms of HBV infection are like those of a mild case of the flu. As the disease progresses, jaundice (yellowing of the skin) and darkened urine will occur. Although there is no cure, a vaccination directly after contact can prevent infection.

Hepatitis C Virus (HCV) – Hepatitis C Virus (HCV) is a blood-borne virus. HCV is usually transmitted through unsafe injection practices and contact with objects contaminated with infected blood. Following initial infection, approximately 80% of people are asymptomatic. Those who exhibit symptoms may have fever, fatigue, decreased appetite, nausea, vomiting, abdominal pain, dark urine, grey colored feces, joint pain, and jaundice. Although some may spontaneously rid themselves of the virus, the current standard treatment for HCV is a combination of antiviral therapy, interferon, and ribavirin.

Human Immunodeficiency Virus (HIV) – HIV is a blood-borne pathogen that attacks the immune system. Symptoms of HIV can include weakness, fever, sore throat, nausea, headaches, diarrhea, and some forms of cancer. HIV eventually may lead to Acquired Immune Deficiency Syndrome (AIDS) and the breakdown of the immune system. There is no vaccination against HIV and no proven cure.

Parenteral – Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

Personal Protective Equipment – Personal protective equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes/uniforms are not intended to function against a hazard and are not considered to be personal protective equipment.

Other Potentially Infectious Material (OPIM) – Other potentially infectious materials are: (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluids, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any bodily fluid visibly contaminated with blood and all bodily fluids in situations where it is difficult or impossible to differentiate between bodily fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, or HIV-containing or HBV-containing culture medium or other solutions, and blood organs, or other tissues from experimental animals infected with HIV or HBV.

Source Individual – Source individual means, any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Sterilize – Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions – Universal precautions is an infection control method which requires employees to assume that all human blood and specified human body fluids (other potentially infectious material [OPIM] that include semen, vaginal secretions, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, all body fluids in situations where it is difficult or impossible to differentiate between body fluids) are infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and other blood borne pathogens and must be treated accordingly.

Work Practice Controls – Work practice controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

I. PROGRAM ADMINISTRATION

A. Responsibility:

1. The Commander of Office of Professional Standards shall be responsible for the coordination of communicable disease exposure. Ensuring that all medical actions required are performed, and that the appropriate medical records are maintained and kept confidential.
2. Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infected materials are required to comply with the procedures and work practices outlined in this ECP.
3. The Administrative Service Bureau shall have the responsibility for written housekeeping protocols and shall ensure that effective disinfectants are purchased.

B. Training:

1. All employees shall receive training on the ECP by means of on-line training through PowerDMS.
2. The Training Unit shall be responsible for implementing and documenting said training.
3. All employees shall review and electronically sign for this policy through PowerDMS.

II. EXPOSURE CONTROL PLAN

A. Work Practice Controls:

1. Personal hygiene recommendations which include, but are not limited to:
 - a. Routine Hand Washing:
 - i. The standard guidelines recommended for hand washing are wetting the hands with warm water, lathering and scrubbing with soap for a minimum of twenty (20) seconds, and rinsing

for at least ten (10) seconds.

- ii. Routine hand washing is recommended to be performed:
 - a) Before and after contact with an inmate/prisoner or with his/her belongings;
 - b) Immediately, or as soon as feasible, after the removal of disposable gloves;
 - c) Immediately following any contact with body areas or any other exposed skin potentially contaminated by blood and/or other bodily fluids;
 - 1) Personnel shall also flush exposed mucous membranes, such as eyes and mouth, etc, with water, if applicable.
 - d) After handling contaminated supplies and equipment;
 - e) After using the bathroom; and
 - f) Before and after eating, smoking, drinking, and/or preparing food.
- iii. If there is a lack of hand washing facilities, use alternative measures such as antiseptic gels, foams, or wipes. Employees shall wash their hands with soap and water as soon as feasible.
- b. Refrain from applying cosmetics and lip balm, or handling contact lenses in work areas where there is a likelihood of occupational exposure; and
- c. Wash contaminated body parts, as soon as possible, if skin contact comes in contact with blood or other potentially infectious materials.

2. Personal management recommendations which include, but are not limited to:

- a. Personnel shall refrain from placing food/drink in areas such as refrigerators, freezers, shelves, cabinets, counter tops, or bench tops which could be contaminated with blood and/or other potentially infectious materials.
- b. Personnel shall clean and disinfect environmental surfaces that have become contaminated with blood or body fluids with a 10% bleach and 90% water solution.

B. Universal Precautions:

1. Personal Protective Equipment (PPE):

a. Gloves:

- i. Disposable latex gloves shall be worn when handling blood and other potentially infectious material (OPIM) and shall be changed, as necessary, to prevent any further contamination

- of other personal protective equipment.
 - ii.** Wearing gloves, such as leather or latex, shall be recommended when:
 - a)** Touching/handling items or surfaces potentially contaminated with blood or OPIM;
 - b)** Handling subjects with non-intact skin or otherwise contaminated by bodily fluids and OPIM; and
 - c)** Performing general housekeeping chores that do not involve direct handling of bodily fluids.
 - iii.** Decontamination:
 - a)** Utility gloves may be decontaminated for reuse if their integrity is not compromised. The decontamination procedure will consist of soaking in a 10% bleach and 90% water solution.
 - b)** Never wash or decontaminate disposable gloves for reuse or before disposal.
 - iv.** Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.
 - v.** Hands are to be washed immediately or as soon as feasible after removing gloves.
- b. Clothing/Masks:**
- i.** Gowns:
 - a)** Water resistant gown/aprons must be worn when it is anticipated that the clothing may become soiled with blood, body fluids, secretions, and excretions.
 - ii.** Masks:
 - a)** Masks with glasses and solid side shields or chin length face shields shall be worn when splashes, sprays or spatters with droplets of blood or other body fluids pose a hazard to the eye, nose, or mouth.
 - b)** A mask is to be changed if it becomes moist.
 - c)** A mask is to be removed prior to leaving the area and properly disposed of.
 - d)** A mask is to be either on or off. It is not allowed to hang around the neck.
 - iii.** Protective eyewear:
 - a)** Protective eyewear, such as mask/face shields, shall be worn for any situation in which spraying/splashing of blood or body fluids are anticipated and will be readily available to departmental employees.

2. Personal Protective Equipment Removal and Disposal:

- a. Remove protective equipment before leaving the work area and after a garment becomes contaminated.
- b. Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.
- c. When a garment is penetrated by blood and/or OPIM, the garment(s) must be removed immediately or as soon as feasible.
 - i. If the amount of blood exposure is such that blood penetrates the garment and contaminates the inner surface and it is impossible to remove the garment without further exposure to blood, employees will cut such contaminated garment to aid removal and prevent exposure to the face.

3. Supply:

- a. At the start of his/her tour of duty, it will be the responsibility of the individual member assigned to a post within the facility or assigned to an emergency vehicle to inspect the same for the presence of PPE.
 - i. If PPE is missing and needs replacement, personnel are to seek replacement supplies by immediately notifying their first line supervisor. The point of contact for re-supply will be the following:
 - a) The Administrative Services Bureau, which has an extra supply of PPE that can be made available upon request.
 - ii. Repair and/or replacement of PPE will be at no cost to the employee.

C. Engineering Controls:

1. The location and available engineering controls consist of the following:

a. Central Booking/Wagon Bay:

- i. Eyewash station;
- ii. Sharps containers;
- iii. Disposable gloves;
- iv. Red plastic bags for disposal of infectious waste;
- v. Spit masks;
- vi. Hand washing station with disinfectant liquid soap; and
- vii. Hand sanitizer.

b. Forensics Investigations Unit:

- i. Eyewash station; and
 - ii. Disposable gloves.
- c. Police Stations, Headquarters, and the Training Center:
 - i. Hand washing station with disinfectant liquid soap;
 - ii. Hand sanitizer;
 - iii. Disposable gloves; and
 - iv. Bleach located in every station/custodial closet.
- d. Departmental vehicles:
 - i. Disposable gloves;
 - ii. Hand sanitizer; and
 - iii. Exposure control kits, which include:
 - a) Disposable gloves;
 - b) Red plastic bags for infectious waste;
 - c) Disposable gowns;
 - d) Face shield; and
 - e) Spit masks.

D. PPE must be used if occupational exposure remains after instituting engineering and work practice controls, or if controls are not feasible.

III. HANDLING OF INFECTIOUS DISEASE MATERIAL

A. All specimens of blood or other materials shall be considered as potentially infectious and personnel shall take care to avoid accidental exposure. Precautions shall be taken when:

1. Handling of Blood, OPIM, and Sharps:

- a. All sharps, needles, and syringes should be placed in a puncture-resistant container;
- b. Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping:
 - i. If the container becomes contaminated or is punctured by a specimen, the primary container will be placed in a second container.
- c. A label including the source's name must be attached to the specimen container; and
- d. The container shall be labeled as a bio-hazard.

2. Management of Blood and Body Fluid Waste:

- a. All procedures involving blood or other potentially infectious

materials shall be performed in such a manner as to minimize splashing or splatter of droplets of these substances.

3. Clean-Up of Blood Spills:

- a. Maintenance personnel are responsible for cleaning up blood spills immediately.
- b. The building maintenance supervisor can be contacted if no custodial staff is currently working.
- c. The spill will be wiped up by utilizing gloves, a mask with an eye shield, paper towels, and a freshly prepared 10% bleach 90% water solution. The towels will be disposed of in medical waste disposal containers.
- d. All contaminated work surfaces are to be decontaminated with a fresh 10% bleach 90% water solution.
- e. Personal protective equipment shall be worn until all clean-up is completed.

4. Needles/Sharps:

- a. Precautions must be taken to prevent exposure to a needle or other sharp object contaminated with blood or body fluids. Care should be taken when handling any potentially contaminated sharps.
- b. Needles shall never be recapped, bent, clipped, broken, or removed from syringes by hand.
- c. Gloves are to be worn when handling and/or disposing of any potentially contaminated sharps.
- d. Syringes with the needles attached, razors, lances, or other sharps shall be placed in leak proof, tip-proof, puncture proof containers, which are sealable, marked as containing bio-hazardous material and utilize a one way port system which does not allow anything to fall out.
- e. Sharps containers should not be overfilled.
- f. The vertical drop procedure (needle first) for disposal into appropriate regulated/medical waste container should be utilized.

5. Disposal of Regulated/Medical Waste:

- a. Medical waste shall be disposed of in such a way as to avoid the spread of infection and to ensure the safety and health of employees, prisoners, and the civilian community.
- b. Regulated medical waste is divided into the following two (2) categories:
 - i. Non-Sharps; and
 - ii. Sharps.
- c. Non-sharps regulated waste shall consist of, but is not necessarily limited to the following:
 - i. Items saturated or dripping with human blood.

- ii. Items saturated or dripping with human blood that now contains dried human blood.
 - iii. Items which may have been in contact with infectious agents, including disposable gloves and aprons.
- d. Sharps regulated medical waste shall consist of, but is not necessarily limited to the following:
 - i. Used hypodermic needles and syringes.
 - ii. Broken or unbroken glassware that was exposed to infectious agents.
 - iii. Used or unused razors which are being discarded.
 - iv. Any unused hypodermic needle or syringe which is being discarded.
- e. Non-sharp medical/regulated waste will be placed in a red, disposable, moisture proof rip resistant bag.
- f. Sharp medical/regulated waste will be placed in a red leak proof rigid and puncture resistant container.
- g. Non-sharp and sharp regulated/medical waste container will be secured and packaged according to an agreement with a waste disposal company and disposed of by the contracted company once a month.
- h. Personnel shall inspect and decontaminate on a regular basis, all work surfaces, reusable receptacles, such as bins, pails, and cans that have a likelihood for becoming contaminated. When contamination is visible in these spaces, clean and decontaminate the receptacle immediately, or as soon as feasible.
- i. Always use mechanical means such as a brush/broom and a dust pan to pick up contaminated broken glassware; never pick up contaminated glassware with hands, even if gloves are worn.
- j. Place regulated waste in closable and labeled or color-coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage.
- k. If equipment becomes contaminated with blood or OPIM, decontamination may be completed with the bleach/water solution. Custodial staff will determine the best possible method for decontamination so as not to destroy equipment.
- l. When discarding contaminated sharps, place them in containers that are closeable, puncture-resistant, appropriately labeled or color coded, and leak-proof on the sides and bottom.
- m. All regulated waste will be discarded according to federal, state, and local regulations

6. Laundering of Contaminated Uniforms:

- a. The following requirements must be met with respect to contaminated uniform items that need to be laundered:
 - i. Handle contaminated laundry as little as possible.

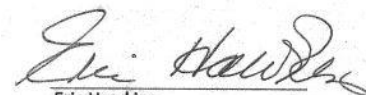
- ii. Use appropriate personal protective equipment when handling contaminated laundry.
- iii. Never sort or rinse contaminated laundry in areas of its use.
- iv. Bag contaminated laundry at its location of use when possible.
- v. Place wet contaminated laundry in red bags or those marked with the biohazard bag and seal the bag. Place the biohazard bag in a large clear evidence bag.
- vi. Complete an [Albany Police Department Uniform Repair Request Form](#), APD Form # 440 shown on page 12 of this order, and under the reason for request field, identify the item(s) as being contaminated with a biohazard and request item to be laundered.
- vii. Insert the form into an inter-departmental mail envelope and attach the envelope to the clear evidence bag.
- viii. When handling and/or sorting contaminated laundry, utility gloves and other appropriate personal protective equipment shall be worn.
- ix. Contaminated laundry that is properly bagged and labeled will be brought to the Albany Fire Department South End Station for decontamination.
- x. If personnel choose to launder their own laundry, hot water should be used. Laundry should be washed with detergent in water at least 140-160 degrees Fahrenheit for 25 minutes. If low temperature laundry cycles are used, chemicals suitable for low temperature washing at proper use concentration should be used.

IV. POST EXPOSURE EVALUATION

A. Procedure for Reporting, Documenting, and Evaluating the Exposure:

1. Should an exposure incident occur, the employee shall notify his/her supervisor immediately. The supervisor shall have the exposed employee transported to Albany Medical Center for immediate evaluation and treatment.
2. Albany Medical Center shall provide a confidential medical evaluation and follow-up assessments, as needed.
 - a. An employee may seek further treatment at a physician of their choosing and is not mandated to be seen at Albany Medical Center for any follow-up assessment or treatment.
3. Immediately following an exposure incident, after the employee has been treated, the supervisor shall ensure the following:
 - a. The exposed employee documents the routes of exposure and how the exposure occurred by completing an [Albany Police Department Exposure Incident Report](#), APD Form # 452 shown on pages 13 and 14 of this order. A supervisor may complete the report, if necessary.

- b. An attempt to obtain consent to test the source individual's blood is made as soon as possible to determine if any HIV, HBV, and HCV infectivity exists in the source. Consent granted or denied will be documented on the Exposure Incident Report (under the other pertinent information caption), and the documentation/identification of source form in the appropriate check box.
- c. If consent is granted, then the source must read and sign the Authorization for the Disclosure of Confidential Medical Information Form, the [Authorization for Release of Confidential HIV Related Information \(DOH 2557\)](#), the [Informed Consent to Perform an HIV Related Test \(DOH 4054\)](#) in order for the blood tests to be conducted and the results to be forwarded to the department health care provider. The exposed employee shall submit both forms to Albany Medical Center.
- d. In the event that the source individual is a veteran of the U.S. Armed Forces and he/she wants to be seen at the VA Hospital to have his/her testing done or will consent to the release of his/her medical records held at the VA Hospital, then the Request for and Authorization to Release Medical Records or [Health Information \(VA form 10-5345\)](#) will need to be completed.
- e. If the source individual is known to be infected with HIV, HBV, or HCV; testing need not be repeated to determine the known infectivity. When consent is given, the results of any source testing shall be released to the department's current health care provider.
- f. The department's health care provider shall provide the exposed employee with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- g. The exposed employee's blood should be collected at the time of initial treatment for the exposure, or as soon as feasible, after the exposure incident in order to provide a baseline sample and to be tested for HBV, HIV, and HCV serological status. The employee should sign a medical release allowing the department's health care provider to receive the results of any testing performed.
- h. If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, ensure that Albany Medical Center preserves the baseline blood sample for at least ninety (90) days.
- i. Albany Medical Center shall offer the employee to receive Post Exposure Prophylaxis, when medically indicated, as recommended by the New York State Department of Health Guidelines and the Center for Disease Control, U.S. Public Service. Employees may also elect to receive this treatment.
- j. Employees shall complete all 207-C paperwork, per current directives.


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1789

NAME: _____ DATE: _____

RANK: _____ ASSIGNMENT/SHIFT: _____

REPLACEMENT TYPE: EMERGENCY NORMAL

PLEASE LIST UNIFORM ITEM, SIZE AND REASON FOR REQUEST:
 (E. G. WORN, DAMAGED, LOST, TOO LARGE, OR SMALL, SPLIT SEAM)

_____ SIZE _____
 _____ SIZE _____
 _____ SIZE _____
 _____ SIZE _____
 _____ SIZE _____

**This form MUST be submitted through the chain of command for approval.
 SUPERVISOR MUST INSPECT UNIFORM ITEM(S) TO BE REPLACED OR REPAIRED PER IDC # 06-13
 *Quartermaster will check used inventory for good condition items before ordering new items**

SUPERVISOR APPROVING REQUEST: _____ DATE: _____

UNIT COMMANDER APPROVAL: _____ DATE: _____

**Upon Quartermasters approval, employees notified will have a two week period to report to Rosen's for fitting. Failure to do so will result in cancellation of uniform order.*

QUARTERMASTER USE ONLY

Date of last replacement: _____

Old Item returned: _____

PERMANENT REPLACEMENT

Condition of old item: _____

TEMPORARY REPLACEMENT

DATE RECEIVED _____

STATION CLERK NOTIFIED: _____

FITTING REQUIRED Y N

ALTERATIONS Y N

ROSENS NOTIFIED ON _____

ACCESS EXCEL

ALBANY POLICE DEPARTMENT

Side 1 of 2 sided form

EXPOSURE INCIDENT REPORT
(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)
PLEASE PRINT * SUPERVISOR MUST REVIEW *

DATE COMPLETED _____ INCIDENT # _____

EMPLOYEE'S NAME _____ SS# _____

HOME PHONE # _____ BUSINESS PHONE # _____

DOB _____ JOB TITLE _____ SHIFT TIMES _____

EMPLOYEE VACCINATION STATUS _____

DATE OF EXPOSURE _____ TIME OF EXPOSURE _____

LOCATION OF INCIDENT (HOME, STREET, ETC.) _____

NATURE OF INCIDENT (COMPLETE CIRCUMSTANCES OF INCIDENT MUST BE
PLACED HERE, ALL DETAILS MUST BE INCLUDED) _____

DESCRIBE WHAT TASK(S) YOU WERE PERFORMING WHEN THE EXPOSURE
OCCURRED (BE SPECIFIC, MAKING AN ARREST, ASSISTING A PARTY, ETC.) _____

WERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (GLOVES, MASK) (IF
YES WHAT KIND OF EQUIPMENT) _____ IF YES, DID THIS EQUIPMENT
FAIL (TORN GLOVE), EXPLAIN _____

WHAT SPECIFIC BODY FLUIDS WERE YOU EXPOSED TO (BLOOD, SALIVA, ETC.)
MUST BE SPECIFIC _____

WHAT PART OF YOUR BODY WAS EXPOSED (HAND, FACE, UPPER ARM, ETC.) AND GIVE APPROXIMATE SIZE OF AREA EXPOSED _____

DO YOU HAVE AN OPEN WOUND IN THE SPECIFIC AREA EXPOSED, IF YES GIVE COMPLETE EXPLANATION _____

DID A FOREIGN OBJECT PENETRATE YOUR BODY (NEEDLE, NAIL, ETC) (IF YES) GIVE TYPE OF OBJECT _____

WAS ANY FLUID INJECTED INTO YOUR BODY (IF YES) GIVE TYPE OF FLUID AND APPROXIMATELY HOW MUCH _____

DID YOU RECEIVE MEDICAL ATTENTION (HOSPITAL/EMS) _____ (IF YES) DATE(S) OF TREATMENT _____ LOCATION OF TREATMENT _____

NAME OF PERSON WHO TREATED YOU (DOCTOR, EMS) _____

DATE OF TREATMENT _____ TYPE OF TREATMENT _____

WERE YOU HOSPITALIZED OVERNIGHT (IF YES, GIVE DATES) _____

WAS FURTHER TREATMENT PRESCRIBED (IF YES) EXPLAIN _____

ANY OTHER PERTINENT INFORMATION THAT YOU FEEL IS NECESSARY _____

OFFICER SIGNATURE, BADGE & PIN _____ DATE _____

SUPERVISOR SIGNATURE & PIN _____ DATE _____