

OKLAHOMA DEPARTMENT OF CORRECTIONS

ACTIVITY/HOUSING SUMMARY

HOUSING ASSIGNMENT RECOMMENDATIONS (Justification for special assignments must be documented by medical necessity.)

Basic Housing (check all that apply)

- No restrictions
- No work center - Community Corrections Only if IDDM
- Requires 24 hours nursing care
- No county jail placement
- Restricted to current facility
- Requires daily medical supervised pill line
- Requires on-site medical care
- Pregnant

Bunk Assignment

- No restrictions
- Lower bunk

Quad Assignment

- No restrictions
- Ground floor
- Handicap access

PHYSICAL CAPABILITY (All sections scored over 1 require explanation on PE or progress note)

| UPPER EXTREMITIES | Score | LOWER EXTREMITIES | Score | Eyes | Score |
|--------------------------|-------|--------------------------|-------|-------------------------|-------|
| Normal | 1 | Normal | 1 | Normal | 0 |
| Mild functional loss | 2 | Mild functional loss | 2 | < 20/40 with or without | 1 |
| Moderate functional loss | 3 | Moderate functional loss | 3 | Legally blind | 4 |
| Severe restriction | 4 | Severe restriction | 4 | SCORE | |
| SCORE | | SCORE | | | |

| HEARING | Score | ACTIVITY | Score |
|--|-------|-----------------------|-------|
| Normal | 0 | Unrestricted activity | 0 |
| Mild loss of hearing | 1 | Mild restrictions | 1 |
| Moderate loss of hearing | 2 | Moderate limits | 2 |
| Severe loss of hearing | 2 | Severe limits | 3 |
| Deaf | 2 | Medically Unassigned | 4 |
| <input type="checkbox"/> Read Lips | | SCORE | |
| <input type="checkbox"/> Signs | | | |
| <input type="checkbox"/> Written Communication | | | |
| SCORE | | | |

GRADE: W _____ (HIGHEST NUMBER FROM SCORING)

IHAP Codes: MA _____ W _____ MH _____ O _____

Based upon medical examination and/or review the inmate is cleared and approved to work in food service:

- Yes
- No

ACTIVITY RESTRICTIONS (Check all that apply)

Based upon medical examination and/or review the following restrictions apply. Inmates may not remove themselves from these medical restrictions without clinical documentation.

- No restriction
- Psychiatrically unassigned
- Sedentary work only
- No walking more than _____ yards
- No lifting over _____ pounds
- No walking on wet or uneven surfaces
- No prolonged sitting or standing
- No reaching over shoulder
- Other restrictions (list) _____
- No frequent bending or stooping
- No prolonged sun exposure or direct sunlight
- No work requiring safety boots
- No excess heat, humidity, or cold exposure
- No operating machinery
- No climbing ladders
- No repetitive use of hands
- No outside work crew

Facility Name _____ Review Date _____ Qualified Healthcare Professional _____

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IF THE INMATE'S MEDICAL STATUS HAS CHANGED A NEW HOUSING SUMMARY MUST BE COMPLETED.

Inmate Name _____
(Last, First)

DOC Number _____