



MEDICAL PREA SCREENING FORM

Inmate Name: _____ C.I.D. #: _____ Date: _____

PREA Medical Screening (Physical Assessment):

These questions are designed to assist staff in identifying two (2) types of inmates and to ensure these two (2) types of classification are "Keep Separate".

1. At Risk of being Sexually Assaulted or Sexually Abused (ATRSK)
2. Risk of Sexually Assaulting or Sexually Abusing (RSKOF)

The following questions will be asked by Medical Staff and become part of the inmate's permanent medical record.

1. Do you have any mental or physical disability that you feel would place you at risk of being sexually assaulted or sexually abused?
 - a. Yes / No

Medical Comments: _____

Yes – Result: Medical will request special housing through Classification for PREA (ATRSK)

2. Does the inmate in your professional medical opinion have a mental or physical disability that would place him or her at risk of being sexually assaulted or sexually abused?
 - a. Yes / No

Medical Comments: _____

Yes – Result: Medical will request special housing through Classification for PREA (ATRSK)

3. In your professional medical opinion does the inmate's age and current build place him or her at risk of being sexually assaulted or sexually abused?
 - a. Yes / No

Medical Comments: _____

Yes – Result: Medical will request special housing through Classification for PREA (ATRSK)

4. Are currently or have you ever been Gay, Bisexual or transgender?
 - a. Yes / No
 - b. In your professional medical opinion does the inmates Sexual Orientation of being gay, bisexual or transgender place him or her at risk of being sexually assaulted or sexually abused?
 - i. Yes / No

Medical Comments: _____

Yes to (i) only – Result: Medical will request special housing through Classification for PREA (ATRSK)

5. Have you ever been the victim of a sexual assault or sexual abuse in an institutional setting?
 - a. Yes / No
 - b. In your professional medical opinion, does the inmate's prior sexual victimization in an institutional setting place him or her at risk of being sexually assaulted or sexually abused?
 - i. Yes / No

Medical Comments: _____

Yes to (i) only – Result: Medical will request special housing through Classification for PREA (ATRSK)

6. Do you currently feel you are vulnerable of being sexually assaulted or sexually abused?
 - a. Yes / No

Medical Comments: _____

Yes – Result: Medical will request special housing through Classification for PREA (RSKOF)

7. Have you ever been participated in or been convicted of a sexual assault or sexual abuse.
 - a. Yes / No

Medical Comments: _____

Yes – Result: Medical will request special housing through Classification for PREA (RSKOF)



MEDICAL PREA SCREENING REPORT TO CLASSIFICATION

Inmate Name: _____

C.I.D. #: _____

Date: _____

The above inmate was medically screened and based on the information obtained during the Medical Screening Process it is recommended by Medical Personnel that the above named inmate be housed accordingly as being considered the following PREA Classification:

(ATRSK) At Risk of being Sexually Assaulted or Sexually Abused

(RSKOF) Risk of Sexually Assaulting or Sexually Abusing

Medical Staff Signature:

Date Received by Classification: _____

Classification Corporal Signature: