HEALTH ASSESSMENT CERTIFICATE FOR SEGREGATION

(Annotate all medical information on SF 600 and maintain in the prisoner medical records.)

PRIVACY ADVISORY

Disclosure of this information is voluntary and will be used to assess the health of the prisoner and determine whether there are any medical reasons prohibiting the prisoner from being place in segregated housing. For additional information, see System of Records Notice, A0190-47 DAPM-ACC, "Army Corrections System and Parole Board Records," NM01650-1, "Individual Confinement Records," and F031 AF SF A, "Correction and Rehabilitation Records" published at https://dpcld.defense.gov/Privacy/SORNs/. When completed, this form contains personally identifiable information and is protected by the Privacy Act of 1974, as amended.

https://dpcld.defense.gov/Privacy/SORNs/. When coamended.	ompleted, this form contains	personally identifiable info	ormation ar	nd is protected by the	e Privacy Act of 1974, as
1. CORRECTIONAL FACILITY/INSTALLATION			2. DATE	(YYYYMMDD)	3. TIME
4. PRISONER NAME (Last, First, Middle)				5. REGISTRATION	I NUMBER
6. SEGREGATION AUTHORIZED BY					
a. PRINTED NAME (Last, First)		b. SIGNATURE			
a. Francisco (Last, Francis		b. GIGIWATORE			
c. PURPOSE (X one)					
ADMINISTRATIVE SEGREGATION (AS)/					
DISCIPLINARY SEGREGATION (DS)/					
On the below date and time, I have examined the al medical attention, and find no medical reason(s) that	bove named prisoner for seri	ious physical and mental i	njuries and	l illness requiring fur	ther immediate
	at prohibit(s) segregated hou	sing as required at this tim	ne.		
7. REMARKS					
8. HEALTH CARE STAFF					
a. PRINTED NAME (Last, First, Middle Initial)	b. SIGNATURE		c. DATF	(YYYYMMDD)	d. TIME
(200, 100, 100, 100, 100, 100, 100, 100,				,	
This form is maintained in the Prisoner's Corre	actional Treatment File wi	th other segregation do	cuments		

DD FORM 503, NOV 2022

LDC: FEDCON
POC: osd.mc-alex.ousd-p-r.mbx.upr-legal-policy@mail.mil

Page 1 of 1