

New York State Department of Corrections and Community Supervision  
\_\_\_\_\_ Correctional Facility

**MEDICAL/MENTAL HEALTH RECORDS REVIEW FOR INMATES  
CLAIMING TO BE UNABLE TO PROVIDE A URINE SAMPLE UNDER STAFF OBSERVATION**

To: Watch Commander

From: Medical/Mental Health Unit

Re: Review of medical/mental health records of an inmate claiming to be unable to provide a urine sample under staff observation

Date \_\_\_\_\_

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Inmate Name \_\_\_\_\_ DIN \_\_\_\_\_

**MEDICAL RECORDS REVIEW**

1) A review of available medical records indicates that the above-named inmate;

**Has** \_\_\_\_\_ **Has Not** \_\_\_\_\_ expressed concern to medical staff that he/she is unable to provide a urine sample under staff observation.

Health Care personnel reviewing records \_\_\_\_\_  
Print Name/Title

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MENTAL HEALTH RECORDS REVIEW**

2) A review of available mental health records indicates that the above-named inmate;

**Has** \_\_\_\_\_ **Has Not** \_\_\_\_\_ expressed concern to mental health staff that he/she is unable to provide a urine sample under staff observation.

Mental Health staff reviewing records \_\_\_\_\_  
Print Name/ Title

Signature \_\_\_\_\_ Date \_\_\_\_\_