

**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
- Requires facility with 24/7 medical staff
- Requires infirmary care
- No Halfway House - **BRITTLE INSULIN DEPENDENT DIABETICS ARE RESTRICTED**
- No county jail placement
- Restricted to current facility
- Requires daily medical supervised pill line
- Requires on-site medical care - **INSTITUTION AND COMMUNITY ONLY**
- Pregnant

**Bunk Assignment**

- No restrictions
- Lower bunk

**Quad Assignment**

- No restrictions
- Lower rung
- Handicap accommodations

**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	<b>SCORE</b>	
<b>SCORE</b>		<b>SCORE</b>			

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		<b>SCORE</b>	
<input type="checkbox"/> Signs			
<input type="checkbox"/> Written Communication			
<b>SCORE</b>			

**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 \_\_\_\_\_ Healthcare Provider/RN/LPN \_\_\_\_\_

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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 \_\_\_\_\_