



# Santa Clara Police Training Flash



## Dept. of Corrections – Medical Booking Sheets

Effective **March 1st, 2022**, the Santa Clara County Department of Corrections will only accept Medical Form #4052. The previous medical form will no longer be accepted. Please discard any previous DOC medical booking forms. Furthermore, please make sure to answer each question fully.

SANTA CLARA COUNTY  
SHERIFF'S OFFICE CUSTODY BUREAU  
**AGENCY ADVISORY FORM**

ARRESTEE'S NAME: \_\_\_\_\_ BOOKING #: \_\_\_\_\_  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

This form must be completed by the arresting agency prior to the arrestee being received by the Santa Clara County Jail.

1. Do you have any information or observations which would indicate that the arrestee has had any of the following symptoms/problems occurring during the contact that resulted in his/her arrest?

a. Loss of consciousness or head injury? YES  NO   
b. Seizure? YES  NO   
c. Respiratory problem / difficulty? YES  NO   
d. Heart problems (heart disease / chest pain / high blood pressure)? YES  NO   
e. Diabetes? YES  NO   
f. Known or reported illness or contagious disease (i.e. COVID-19, tuberculosis)? YES  NO   
g. Alcohol or drug intoxication? YES  NO   
h. Known or visible signs of injury / trauma (describe below)? YES  NO   
i. Possible disability / impairment (i.e. mobility, hearing, speech, etc.)? YES  NO   
j. Use of assistive device (i.e. wheelchair, walker, cane, glasses, hearing aids, etc.)? YES  NO   
k. Bizarre or aggressive behavior? YES  NO   
l. Psychiatric / mental health history / developmental disability? YES  NO   
m. Demonstrating suicidal behaviors requiring 5150 evaluation (see below)? YES  NO   
n. Other: \_\_\_\_\_

2. Were any of the following used on the arrestee?

a.\* Chemical agents (O.C., Mace)   
b.\* T.A.R.P. (Total Appendage Restraint)   
c.\* Carotid Restraint   
d.\* Taser/Any electric control device   
e. Baton   
f. Prone during transport   
\*These conditions require a medical evaluation upon arrival at the Jail.

3. Was there any physical contact during the arrest? YES  NO   
4. Is the arrestee injured? YES  NO   
5. Did the arrestee resist during the arrest? YES  NO   
6. Describe the circumstances of the arrest and arrival at the Jail? \_\_\_\_\_

ARRESTING AGENCY: \_\_\_\_\_ BADGE # \_\_\_\_\_ AGENT: \_\_\_\_\_

Reviewed by Receiving Agency: \_\_\_\_\_ Badge #: \_\_\_\_\_  
Any affirmative answers will be referred to a nurse for clearance prior to acceptance.

Reviewed by Medical/Mental Health: \_\_\_\_\_

Disposition: Original to Administrative Booking File Yellow copy to Classification Pink copy to Medical

4130-AS518

OFFICE OF THE SHERIFF  
COUNTY OF SANTA CLARA  
**AGENCY ADVISORY FORM**

This form must be completed by the arresting agency prior to the arrestee being received by the Santa Clara County Jail.

Arrestee's Name: \_\_\_\_\_ Booking #: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. Do you have any information or observations that would indicate that the arrestee has / had any of the following symptoms / problems prior to or during the contact that resulted in the arrest?

Symptom / Problem	Yes	No
Loss of consciousness or head injury?		
Seizure?		
Respiratory problem / difficulty?		
Heart problems (heart disease / chest pain / high blood pressure)?		
Diabetes?		
Known or reported illness or contagious disease (i.e. COVID-19, tuberculosis)?		
Alcohol or drug intoxication?		
Known or visible signs of injury / trauma (describe below)?		
Possible disability / impairment (i.e. mobility, hearing, speech, etc.)?		
Use of assistive device (i.e. wheelchair, walker, cane, glasses, hearing aids, etc.)?		
Bizarre or aggressive behavior?		
Psychiatric / mental health history / developmental disability?		
Demonstrating suicidal behaviors requiring 5150 evaluation (see below)?		

2. Based on the circumstances of the arrest, if you believe the arrestee may be a danger to self, danger to others, or gravely disabled (as those terms are defined in Welfare and Institutions Code 5150), provide the following information:

The arrestee's condition was caused by my attention under the following circumstances:

The arrestee engaged in the following conduct / behavior (and / or made the following statements) that indicate that the arrestee may, because of a mental disorder, be a danger to self, danger to others, or gravely disabled (state specific facts, including arrestee's conduct and statements):

3. Were any of the following used on the arrestee?

Technique	Yes	No
Chemical Agent		
Electronic Control Device		
Total Appendage Restraint Device		
Impact Weapon		
Prone position during arrest? Approximate duration (minutes):		
Constriction to neck or throat? Approximate duration (minutes):		

4. If there was any physical resistance by the arrestee prior to or during the arrest, indicate the approximate duration (in minutes) of the resistance:

5. What is the approximate duration (in minutes) the arrestee has been in custody prior to arriving at the jail?

6. If the arrestee ingested any substance or object prior to or during the arrest, describe:

7. If the arrestee was possibly injured prior to or during the arrest due to any cause (i.e. vehicle collision, physical contact with law enforcement or others, fall, escape attempt), describe the circumstances:

- JSOs and Special Events Unit – Please replace these forms in the THF and Levi Stadium THF.
- Officers and Detectives – Please check your Posse boxes and replace the old forms.