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| 1. IDENTIFYING INFORMATION Name (Last, First, MI): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F DOB: _____ USMS #: _____ Departure Date: _____ Departed From: _____ | 2. TUBERCULOSIS SCREENING Tuberculosis Skin Test (TST) / PPD: Date Placed: _____ Date Read: _____ Size in mm: _____ Tuberculosis Blood Test / IGRA (if applicable): <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date: _____ <input type="checkbox"/> Indeterminate / Borderline _____ Chest x-ray done within past year (if indicated): Date: _____ Results: _____ Prisoner is cleared for transfer: <input type="checkbox"/> NO <input type="checkbox"/> YES |
| 3. CURRENT MEDICAL ISSUES Check all that apply to the prisoner and explain in the comments section: <input type="checkbox"/> Hospitalizations within past month <input type="checkbox"/> Contagious illness or quarantine within past month <input type="checkbox"/> Seizure activity within past month <input type="checkbox"/> Cardiac chest pain within past month <input type="checkbox"/> Seizure disorder requiring medications <input type="checkbox"/> Stroke within past month <input type="checkbox"/> Limited mobility (crutches, wheelchair) <input type="checkbox"/> Surgery within past month <input type="checkbox"/> Has hard or air cast, splint or brace <input type="checkbox"/> Diabetes requiring insulin or other medications <input type="checkbox"/> Prescription narcotic pain medications dispensed for travel <input type="checkbox"/> Suicide watch/psychiatric decompensation within past month FEMALE PRISONERS: Is prisoner pregnant? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, how many weeks? _____ | 4. SICKLE CELL SCREENING Prisoner has a history of (check appropriate box): <input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Sickle Cell Trait <input type="checkbox"/> No History of Disease or Trait If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed? <input type="checkbox"/> NO <input type="checkbox"/> YES <div style="border: 1px solid black; padding: 2px; text-align: center;">Attach clearance to transfer summary</div> |
| 5. LIST ALLERGIES (Include drugs, foods, latex, etc.): _____ _____ _____ | |

| 6a. CURRENT MEDICAL DIAGNOSIS | 6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT (Should match medical diagnosis if applicable. Include dosage, route, and frequency.) |
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7. OTHER COMMENTS (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:)

| 8. COVID SCREENING, TESTING, AND VACCINATIONS | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------|--------------------------|--------------------------|----------------------------------|-------|-------|-------|---------------------------------|-------|-------|-------|--|-------|-----|-------|----------------------------------|-------|-------|-----|--|--|--|--|---|
| PRE-DEPARTURE COVID-19 SCREENING (Required) Temperature: _____ Date/Time: _____ <input type="checkbox"/> Fever/chills <input type="checkbox"/> New cough or difficulty breathing <input type="checkbox"/> New body or muscle aches <input type="checkbox"/> New sore throat or congestion <input type="checkbox"/> New loss of smell or taste <input type="checkbox"/> New headache <input type="checkbox"/> New nausea or diarrhea A temperature of $\geq 100.4^{\circ}\text{F}$ or "Yes" to any of the above questions, the prisoner is NOT CLEARED for transfer. Prisoner must be assessed and cleared in Section 9 below by the "Certifying Health Authority". | PRE-DEPARTURE COVID-19 TESTING (Required for USM Testing Hubs) Type (or Name) of Test: _____ Test Date: _____ Test Result: <input type="checkbox"/> NEG <input type="checkbox"/> POS If already tested positive < 90 days from move, no pre-departure test required: <input type="checkbox"/> Symptomatic (all cleared/improved) <input type="checkbox"/> Never symptomatic Date Cleared from Isolation: _____ <input type="checkbox"/> 14-day Pre-Departure Quarantine Completed (if required) Prisoners refusing testing at one of the USM testing hubs must be placed in a 14-day single cell quarantine. All information should be fully documented in comments. | | | | | | | | | | | | | | | | | | | | | | | | |
| COVID-19 VACCINATION (Selection required) <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Vaccine</th> <th style="text-align: center;">1st dose (date)</th> <th style="text-align: center;">2nd dose (date)</th> <th style="text-align: center;">Booster (opt.) (date)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Moderna</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Pfizer</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Janssen (J&J)</td> <td>_____</td> <td style="text-align: center;">N/A</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Novavax</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Unvaccinated (refused OR vaccine unavailable)</td> </tr> </tbody> </table> NOTE: If vaccination started, all series required doses <i>must</i> be | Vaccine | 1st dose (date) | 2nd dose (date) | Booster (opt.) (date) | <input type="checkbox"/> Moderna | _____ | _____ | _____ | <input type="checkbox"/> Pfizer | _____ | _____ | _____ | <input type="checkbox"/> Janssen (J&J) | _____ | N/A | _____ | <input type="checkbox"/> Novavax | _____ | _____ | N/A | <input type="checkbox"/> Unvaccinated (refused OR vaccine unavailable) | | | | ADDITIONAL COVID COMMENTS _____ _____ _____ |
| Vaccine | 1st dose (date) | 2nd dose (date) | Booster (opt.) (date) | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Moderna | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Pfizer | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Janssen (J&J) | _____ | N/A | _____ | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Novavax | _____ | _____ | N/A | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Unvaccinated (refused OR vaccine unavailable) | | | | | | | | | | | | | | | | | | | | | | | | | |

9. CERTIFYING HEALTH AUTHORITY - THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

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|---------------------|--------------|------------------|---------------------|
| Name (Print): _____ | Title: _____ | Signature: _____ | Date: _____ |
| | | | Phone Number: _____ |

INSTRUCTIONS
Form USM-553, Prisoner in Transit Summary

BOX 1: Self-explanatory. Note that "Designated To" refers to the prisoners final permanent designated facility and not any intermediate facilities that the prisoner may transit through.

BOX 2: Self-explanatory.

BOX 3: The goal of this section is to identify recent medical conditions or changes in medical conditions that might impact the transfer of a prisoner. Positive responses in this section should be further explained in **BOX 7 (COMMENTS)**. For female prisoners, determination of pregnancy status is dependent on the policies in place at the sending facility. JPATS does not require a urine or blood pregnancy testing results as confirmation.

BOX 4: This section must be completed for those prisoners who will be transported by air. A documented history of either Sickle Cell Disease or Sickle Cell Trait is sufficient. Hemoglobin electrophoresis results are not required to confirm diagnosis. The JPATS Sickle Cell clearance is a separate document that must be attached to the USM-553 if indicated.

BOX 5: Self-explanatory.

BOX 6 (a&b): Self-explanatory. Note that medications listed should correlate with the medical problems that are listed. If more space is needed use of the back of the document or a separate sheet of paper is allowed.

BOX 7: This space is available for any other pertinent information that the transporting medical personnel and the receiving facility should be aware of.

BOX 8: Complete the COVID-19 section as close as possible to departure as feasible.

- (a) COVID-19 Pre-screening must be fully documented and completed prior to arrival to the flight line. This section is intended to be filled out by medical, transport, security officers or USM Deputies.
- (b) COVID-19 Vaccinations **MUST** be filled out prior to movement. To include all dates received and type of vaccine. If the inmate refuses or there is no vaccine available this must be documented in the space provided. Unvaccinated prisoners are still able to move, partially vaccinated are not able to move.
- (c) COVID-19 departure testing is **required** within 48 hours of movement from one of the four USMS Testing Facility Hubs. All other facilities can use this section of the form if needed but testing is not required to move. Additionally, a prisoner will not be moved if their COVID-19 test is "pending."

BOX 9: Signing this section means that the designated health authority at the sending facility has assessed this prisoner and deemed the prisoner medically cleared for transport.