

SURNAME		FIRST		M.I.		LOG #	
//		HOT LINE		CLINICIAN		//	
//		WALK IN		NON		//	
//		PSO		REFUSED		//	
DATE	RBY	RTO	SEX	RACE	AGE	DOB	YRS.
S	M	D	M	F			
MARITAL		RANK		SOCIAL SECURITY #		TAX NUMBER	
COMMAND		HOME ADDRESS					
()		()					
PHONE #		2nd CONTACT #		* ISSUE			
REFERRAL		FOLLOW-UP DATE		PSO/TIME			

BLUE LINE

- | | | |
|--------------------------|--------------------------------------|----------------------|
| <input type="checkbox"/> | RESTRICTED DUTY
SAFEGUARD WEAPON | DATE ON: _____ |
| <input type="checkbox"/> | SICK REPORT
SAFEGUARD WEAPON | AUTHORIZATION: _____ |
| <input type="checkbox"/> | RESTRICTED ASSIGNMENT
KEEP WEAPON | DATE RETURN: _____ |
| <input type="checkbox"/> | SICK REPORT
KEEP WEAPON | AUTHORIZED _____ |
| | | TOTAL TIME _____ |

NOTES (ISSUES)