

Massachusetts Department of Corrections
 North Central Correctional Ins
 500 Colony Road
 Gardner, MA 01440
 978-630-6000

*IN
3/25/19*



Medical Restrictions			Status <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	
Massachusetts Department of Correction Health Services				
Patient Name LAGUER, BENJAMEN	Patient Number 1102948	Booking Number W40280	Date of Birth 5/1/1963	Today's Date: 7/25/2019

Deputy Robinson
 DOC Designee

[Signature]
 Signed Receipt

The above named patient has been determined to have the following needs/restrictions due to a current medical condition:

Type	Date	To
NO WORK STATUS		
LIGHT WORK STATUS		
NO JOGGING/SPORTS		
NO WEIGHTLIFTING		
BOTTOM BUNK		
SPECIAL EQUIPMENT (DESCRIBE BELOW)		

OTHER (DESCRIBE BELOW)

No Lifting > 10 lbs *7/25/19* *7/25/19*

TRANSPORTATION RESTRICTIONS

NO WAISTCHAINS		
NO HANDCUFFS		
NO ANKLE RESTRAINTS		
WAISTCHAINS WITH (CIRCLE)		
RIGHT OR <u>LEFT</u> EXTENSION	<i>7/25/19</i>	<i>7/25/19</i>
STATE CAR		
WHEELCHAIR VAN		

MEDICAL REASON

Amblyopia & cane.
Large painful hernias

SUBMITTED BY: *Jesse Hammond, PA-C* DATE: *7/25/19* TIME: *1:25 pm*
Provider

REVIEWED BY: *[Signature]* DATE: *7/25/19* TIME: *3p*
Rebecca Pitre, RN
 Clinical Administrator

Copy to DOC Designee
[Signature] *7/25/19 3p*
Rebecca Pitre, RN



* D 1 7 3 5 3 8 D I 3 9 3 1 0 4 5 I C 7 7 2 0 2 1 3 C P 3 0 6 6 9 P N X N *