



Florida Department of Corrections  
Report of Placement in Restrictive Housing for Pregnant Inmates (MEDICAL)

DC#: \_\_\_\_\_ Inmate Name: \_\_\_\_\_ Facility: \_\_\_\_\_

Initial Placement Date: \_\_\_\_\_

Initial Placement Time: \_\_\_\_\_

Placement: \_\_\_\_\_

Reason Restrictive Housing is necessary:

Placement in a medical restrictive housing status is necessary due to your medical condition.

Reason less restrictive means are not available:

The seriousness of your medical condition warrants an increased level of medical care.

Qualified healthcare professional at the institution objects to the placement?

Placement in the infirmary was ordered by the provider.

Qualified healthcare professional:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy provided to inmate? \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Time)

CC: Inmate File