Minnesota Department of Corrections
Community Work Programs

CREW MEMBER MEDICAL INFORMATION SHEET

CREW MEMBER SHOULD COMPLETE THIS FORM BEFORE STARTING FIRST ASSIGNMENT

NAME____________________ D.O.B. ____________________

HOME ADDRESS ____

CITY ____________________ STATE ______ ZIP ________________

TELEPHONE (home) ____________________ (work) ____________________

EMERGENCY CONTACT PERSON ____________________ TELEPHONE ________________

To assist in your job or task placement, please check all that apply (if you have had or are now experiencing):

- ☐ Poison Ivy Allergy
- ☐ Allergic to Bee Stings
- ☐ Other Allergies
- ☐ Diabetes
- ☐ Frostbite
- ☐ Fainting/Blackouts
- ☐ Heart Trouble
- ☐ Heat Stroke
- ☐ Asthma
- ☐ Epilepsy
- ☐ Now Pregnant
- ☐ HIV Positive
- ☐ Hemophilia
- ☐ Cancer
- ☐ Back Injury
- ☐ Other Disability ____

Do you have medical restrictions limiting the work you can do? ☐ Yes ☐ No If yes, please explain:

Please list all current mediations:

Are you currently under a doctor's orders regarding work? ☐ Yes ☐ No If yes, please explain:

Physician: ____________________ Clinic: ____________________

Clinic Phone: ________________ Do you currently have health care coverage? ☐ Yes ☐ No

Medical Assistance/Insurance Co.: Policy/Account No.:

I understand the medical information I provide will be used to determine suitability for participation in a community work program and may be released to medical professionals in the event of a medical emergency. I understand I must notify the crew leader **immediately** if I am injured while performing work service. I also understand that my health care coverage must pay for medical costs. If I do not have health care coverage or incur costs not covered, I must contact the crew leader within **30 days** of the date of injury to file a claim or I will be fully responsibility for my medical costs. I declare under penalties of perjury that the information provided in this document is true, correct and complete to the best of my knowledge and belief.

Signature: ____________________________ Date: ________________

Parent/Guardian: ________________________ Date: ________________

Privacy Act

- Several State and Federal laws are in force, which protect your rights to privacy.
- The Sentence to Service Program asks you to supply information about yourself to find out if you are eligible for the program, to decide what you can be assigned to and for scheduling your work time.
- You may refuse to provide the information. But, if you do not provide the requested information, you cannot be in the Sentence to Service Program.

Information Provided

- The Sentence to Service Program will be reporting to the sentencing court your status in the program, relevant progress, termination, or completion information.

Information Access

- Judges, prosecuting attorneys, defense attorneys, and probation officers will have access to the information you provide.

Statement

- As required by Minnesota Government Data Practices Act, I have been informed of and understand my rights as a subject of data.

____

Signature / Date

Crew Member Work Agreement

- I acknowledge that I have read, and understand the rules of the Sentence to Service Program that have been given to me today.
- I also understand that the crew leader has final authority to determine whether a crew member is fit to participate in the crew's daily activity, and that if I fail to abide by the Crew Member Work Agreement, I will be scheduled for straight time in jail and may, at the discretion of program staff, receive no credit for any time worked.

Physical Ability

- **To qualify for the STS Program you must NOT have any physical restrictions.**
- If you have any physical restrictions, you will not qualify for the program.

Statement

- By signing below, **I state that I am physically fit and able to perform the manual labor required** of STS participants, and I agree to the requirements and rules of the Crew Member Work Agreement.

____

Print Name

____

Signature / Date

Government Center • 14949 62nd Street North • P. O. Box 6 • Stillwater, MN 55082-0006
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www.co.washington.mn.us
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