

### Heat-Related Illness Reporting Form

Offender name: \_\_\_\_\_

TDCJ # \_\_\_\_\_

Unit of Assignment: \_\_\_\_\_

Date of incident: \_\_\_\_\_

#### Medication History:

Does this offender take psychotropic medications for which heat precautions apply? Yes  No   
(Refer to Policy D-27.2 Attachment A)

Does this offender take other medications for which heat precautions apply? Yes  No   
(Refer to Policy D-27.2 Attachment A)

#### Contributing Conditions:

Does the offender have any of the following diagnoses?

Cardiovascular disease  Cirrhosis  Chronic Obstructive Pulmonary Disease/Asthma   
Cystic fibrosis  Diabetes  Mental Health condition  Seizure Disorder   
Sjogren's syndrome  Sweat gland dysfunction  Thyroid dysfunction  Older than 65

#### Environmental Factors:

When the offender became ill, was he/she inside  or outside  ?

Please check the appropriate box indicating where the offender was at the time he/she became ill.

Chain bus  Commissary line  Dining hall  Housing area  Pill window  Recreation   
School/Classroom  Showers  Visitation  Work  Other: \_\_\_\_\_

At the time of the incident, did the offender's HSM-18/HSIN screen reflect the following restrictions?

Ground floor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No temperature extremes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No humidity extremes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No work in direct sunlight	Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### Treatment:

Was the offender sent to a local emergency department for treatment? Yes  No

Was the offender admitted to the hospital for treatment? Yes  No

Did the offender die as a result of this incident? Yes  No

#### Diagnosis:

What was the PROVIDER'S DIAGNOSIS of the illness? Heat cramps  Heat exhaustion   
Heat stroke  Neuroleptic Malignant Syndrome

#### Signature of licensed health care worker completing form:

##### Reporting:

When completed e-mail this form and the EMR documentation (if applicable) to [hsl@tdcj.texas.gov](mailto:hsl@tdcj.texas.gov)  
or fax to 936-437-3599.