

ALAMEDA COUNTY SHERIFF'S OFFICE

ADDENDUM TO PRE-BOOKING MEDICAL SCREENING
HEARING IMPAIRED INMATE SERVICES

Inmate Name: _____

Booking date: _____ PFN: _____

1. Are you hearing impaired? Yes No

2. Are you deaf? Yes No

3. Do you know sign language? Yes No

4. Do you need a sign language interpreter to communicate effectively? Yes * No

5. Level of hearing loss? _____

6. Type of hearing services utilized: _____

Hearing aid _____

Type of battery used in hearing aid if known: _____

Assisted listening device (s) _____

Type(s): _____

7. Will you need an interpreter or an assisted listening device when you go to court? Yes No

Deputy's Signature: _____
Name & ID# _____

Medical Staff's Signature: _____
Name & ID# _____

Upon completion, attach original to Pre-booking Medical Screening Questionnaire.

If inmate responds "yes" to number 4, a sign language interpreter shall be called immediately.

Distribution: White -- Medical Yellow -- Classification Pink -- ADA Coordinator

DO 541

Policy & Procedure 1.14
Attachment 8
Revised 6/17