

**OKLAHOMA DEPARTMENT OF CORRECTIONS
POSTPARTUM LAY-IN ACTIVITY STATUS**

Housing Unit: _____

Date Issued: _____ Expiration Date: _____

Postpartum lay-in activity status is given for a specified amount of time when it is determined by the medical provider or nurse that the offender requires recuperation time.

THE FOLLOWING RULES WILL APPLY WHILE ON POSTPARTUM LAY-IN STATUS:

1. Offender may have frequent rest times as needed. Offender may go to the bathroom, meals, sick call, pill line, count and appointments with medical staff members.
2. Offender may have visiting privileges and/or telephone calls.
3. Offender work activities are restricted to no lifting greater than 10 lbs., no prolonged standing and no scrubbing, mopping or sweeping.
4. Offender may not be removed from lay-in status except by medical staff.

Staff Signature: _____

THIS FORM IS INVALID IF NOT SIGNED BY MEDICAL STAFF

Offender Name: _____
(Last, First)

DOC #: _____