

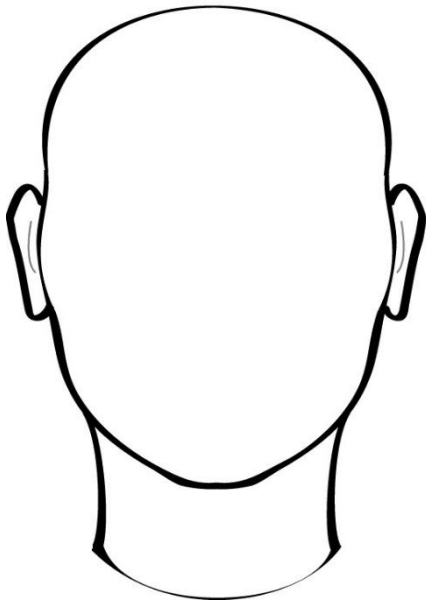
PHYSICAL IDENTIFICATION FORM

NAME: _____ ODOC#: _____ DATE: _____

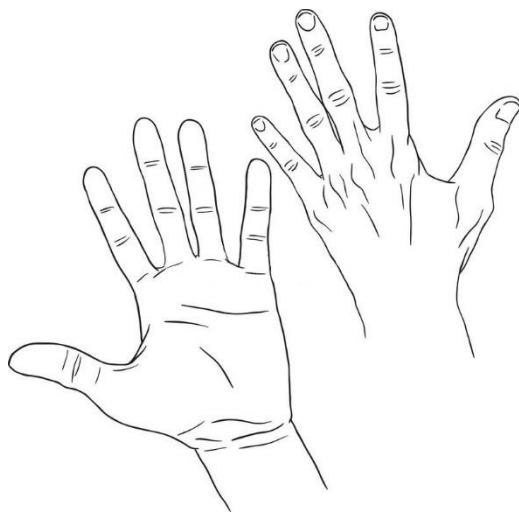
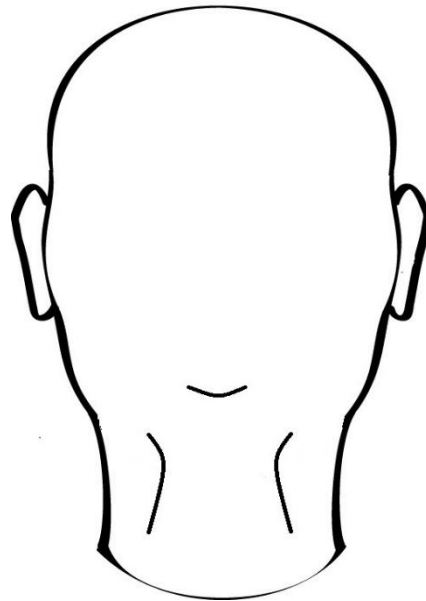
GENDER: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____ RACE: _____

Indicate placement of identifying marks on diagram. Write comments next to the relevant body area to provide a description of scars, marks, tattoos, deformities and amputations.

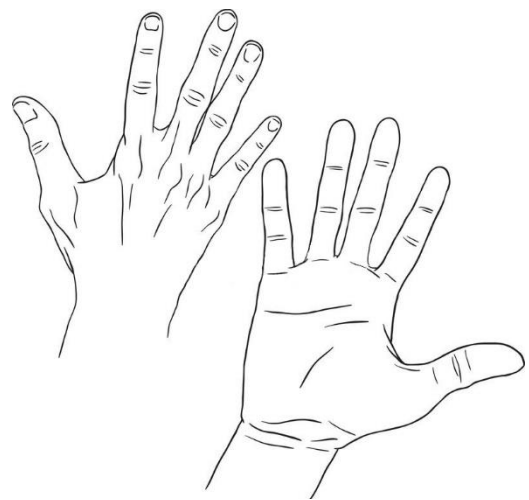
FRONT



BACK



Left

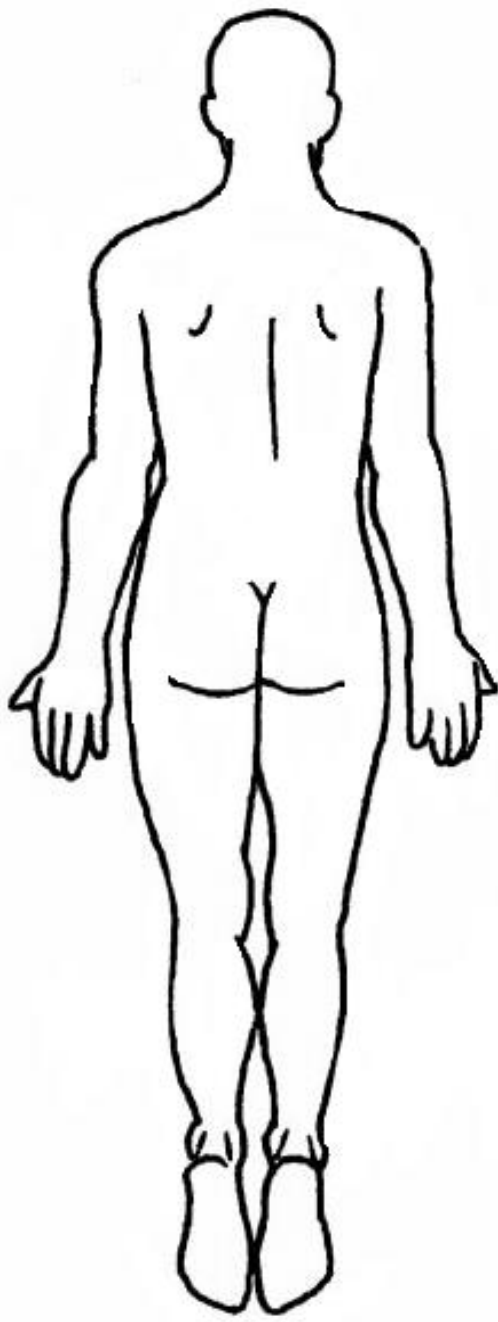
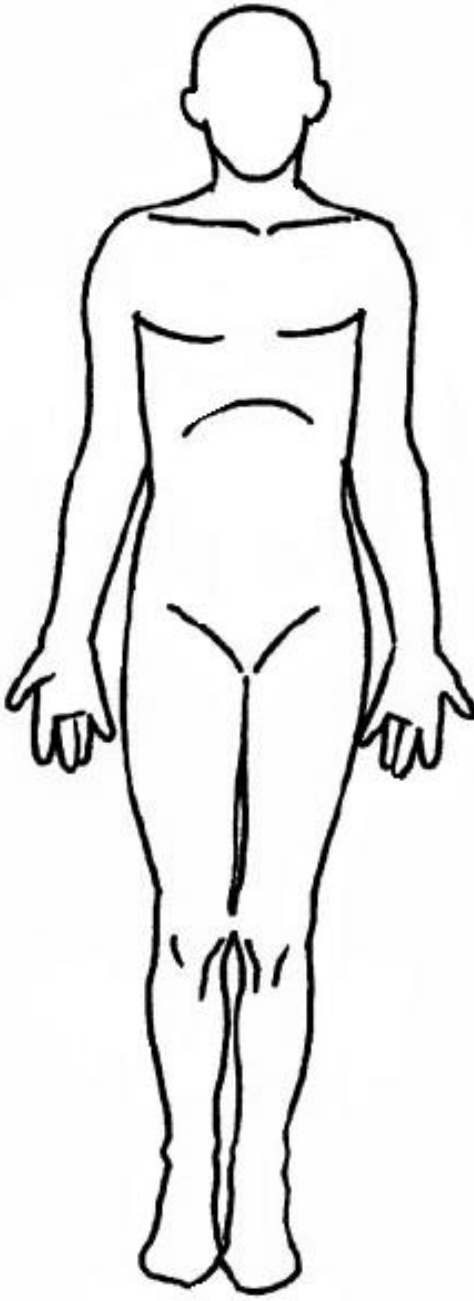


Right

NAME: _____

DOC#: _____

DATE: _____



Staff name (printed)

Signature