OKLAHOMA DEPARTMENT OF CORRECTIONS

FACILITY: _____ **INFIRMARY LOG** **MONTH/YEAR: _____**

CODE: I = *Infirmary Admission* O = *Observation* *C = Convalescent*

Date/Time	Name	ODOC#	Diagnosis/Comments	Code	Discharged/ Released Date/Time	Discharged/ Released to (Unit/Facility)	Transferred to Hospital Name/Date/ Time	Returned from Hospital Date/Time