OKLAHOMA DEPARTMENT OF CORRECTIONS

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

CODE: I = *Infirmary Admission* O = *Observation* *C = Convalescent* S = *Sheltered Housing*

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

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